

BE YOUR BEST SCHOLARSHIP

For Fox Valley Siblings

A scholarship funded by the Be Your Best Foundation* will be awarded to a boy or girl in the Fox Valley Area, who has a sibling with special needs, for martial arts training to develop self-confidence and leadership abilities.

The scholarship covers the cost of twelve months' tuition, uniform and all equipment for training at Soto's Martial Arts America, a Black Belt Leadership Academy, located at 532 N Richmond Street, Appleton WI 54911. See www.appletonkarate.com for more information.

Parents or guardians will be responsible for graduation fees of \$35 per belt, approximately every two months. The scholarship does not include fees for occasional *optional* organized activities such as a movie, playing golf, or visiting another martial arts academy.

Deadline: Completed applications must be received by July 31, 2009.

Eligibility: Eligible children must be:
below age 18 (or attending high school),
have a sibling with a disability, and
not have had more than 30 days of previous martial arts training.

Eligibility will be based on the completed application, financial need, the level of the parent/guardian's involvement, the child's motivation to learn martial arts as evidenced by the essay, and for finalists, an interview with Mr. Soto.

Selection: Successful applicants will be selected by the Be Your Best Scholarship Committee without regard to sex, race, color or national and ethnic origin.

Procedure: The application should be signed by a parent/guardian for a child or teenager who has a brother or sister with special needs.

The completed application form must be returned by July 31, 2009 to:
Fox Valley Sibling Support Network
506 E. Parkway Blvd.
Appleton, WI 54911

NOTE: All application questions must be completed before it will be considered.

Contact Mr. Soto with any questions regarding the application or training at mrsoto@appletonkarate.com or (920) 749-1122.

Finalists will be personally interviewed by Mr. Soto. The successful applicant will then be selected by the Scholarship Committee with training expected to start in Fall 2009.

Questions about the Be Your Best Foundation may be directed to BeYourBest@milwpc.com

* The Be Your Best Foundation was created by an Appleton couple to provide opportunities for youth to improve or develop their capabilities. The Foundation has chosen to offer this scholarship at Soto's Martial Arts America through the Fox Valley Sibling Support Network. It is not affiliated with either organization.

BE YOUR BEST SCHOLARSHIP APPLICATION

Directions: Please fill out the information below thoroughly and legibly. If a question does not pertain to you and your family, please indicate with N/A (Not Applicable).

PERSON FOR WHOM SCHOLARSHIP IS SOUGHT

Name: _____ Age: _____ Date of Birth: ____ / ____ / ____

Race: Black Hispanic Asian/PI Native American White Sex: Male Female

Other Children in Home:

Ages: _____

Number with a

Disability: _____

ESSAY QUESTION FOR APPLICANT

In the space below, explain why you would like to take this training.

PARENTS' NAME(S) AND CONTACT INFORMATION

Check box if child lives with this parent.

Name: _____ Age: _____ Date of Birth: ____ / ____ / ____

Address, City, State Zip: _____

Marital Status: Married Single Separated Divorced Other _____

If you are not married, will the other parent agree to the child's participation? _____ If not, explain:

OTHER PARENT/GUARDIAN

Check box if child lives with this parent.

Name: _____ Age: _____ Date of Birth: ____ / ____ / ____

Address, City, State Zip: _____

Mom's

E-mail: _____ Work E-mail: _____

Home Phone: _____ Work Phone: _____ Mobile Phone: _____

Dad's

E-mail: _____ Work E-mail: _____

Home Phone: _____ Work Phone: _____ Mobile Phone: _____

FINANCIAL INFORMATION

Name of Parent or Guardian: _____

Where are you currently employed? _____ How long? _____

Job Title? _____ Current Monthly Take Home Pay? _____

Do you receive any other income besides your job? _____ How Much per Month? _____

Do you have a car? _____ What is your monthly car payment? _____

Do you own or rent your home? _____ What is your monthly rent or house payment? _____

How long have you lived in this home? _____

Name of Other Parent or Guardian: _____

Where are you currently employed? _____ How long? _____

Job Title? _____ Current Monthly Take Home Pay? _____

Do you receive any other income besides your job? _____ How Much per Month? _____

Do you have a car? _____ What is your monthly car payment? _____

If you do not live with the parent listed above, complete information about your home below.

Do you own or rent your home? _____ What is your monthly rent or house payment? _____

How long have you lived in this home? _____

Extra Considerations

Any other comments you would like to add? _____

PARENT/GUARDIAN PARTICIPATION

Yes No

- As the parent/guardian(s) approving this application, I agree to cooperate in supporting my child 100% and to follow the rules and etiquette of Soto's Martial Arts America.
- As the parent/guardian of my child, I am willing to participate in the program if it will help the success of my child.
- As the parent/guardian of my child, I am willing to read, check e-mails, record information and stay in contact with the instructors to ensure my child's success.
- As the parent/guardian of my child, I am willing to contact Mr. Soto in the event my child shows any disinterest in the program.

The information in this application is accurate and I authorize its verification. I fully understand the donors of this scholarship will review this application and may receive progress reports if my child receives the scholarship. I authorize the disclosure of information to them. These authorizations are valid for up to one year from this date. A copy is the same as an original.

Dated: _____ Signed: _____

Dated: _____ Signed: _____