



### About the Organization

The mission of Kidz Play, nfp is to provide extra-curricular recreation opportunities for children with families facing economic hardships.

### Application Requirements

1. Complete application form must be submitted by deadline.
2. Applicant must be an Illinois resident.
3. Applicant must be under the age of 18 years old.
4. Application must be supported by an adult that is unrelated to the applicant.

### Application Deadlines

- October 15<sup>th</sup>
- January 15<sup>th</sup>
- April 15<sup>th</sup>
- July 15<sup>th</sup>

### Award Notifications

All applications must be received by the application deadline date.

The recipient will be notified within 2 weeks of the application deadline.

Contact us at [helpkidzplay@gmail.com](mailto:helpkidzplay@gmail.com) with questions.

Mail application to:

Kidz Play,nfp

327 Front Street, Unit 2403

Lemont, IL 60439

# Kidz Play Application

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Grade in School \_\_\_\_\_ School Name \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_ Annual Household Income \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Please provide a brief overview of the class you wish to take, location of class and contact information for the instructor or location \_\_\_\_\_

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Class Code \_\_\_\_\_ Cost of Class \_\_\_\_\_

Briefly tell us why you want an activity scholarship and what you hope to do with the knowledge you gain from your experience. \_\_\_\_\_

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Parent/Guardian, In the space below please provide a brief statement on why you believe the applicant should receive a scholarship for this class. \_\_\_\_\_

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Parent/Guardian Signature \_\_\_\_\_

Signature of Support (adult other than parent or guardian) \_\_\_\_\_