# **Financial Assistance Application**

Skate Like a Girl

Skate Like a Girl is committed to providing access to skateboarding for all people in our community. Skate Like a Girl welcomes people of all ages, races, ethnicity, religions, abilities, and socioeconomic backgrounds.

### Who is eligible for Financial Assistance?

Anyone is eligible to apply for Financial Assistance. Awards are based on a sliding scale that considers household size and income, as well as other extenuating circumstances.

#### How is the amount of Financial Assistance determined?

Our mission is to provide access to skateboarding to everyone in our community, therefore we are committed to doing everything possible to provide Financial Assistance to your family. However, Skate Like a Girl's ability to provide financial assistance is ultimately limited. In an effort to make sure assistance is available to as many families as possible, we can only guarantee up to 30 hours of programming per year at your approved scholarship rate. 30 hours of programming roughly equates to 2 weeks of half day summer camp, 1 week of full day summer camp, or 3 sessions of 12&Under Lessons.

#### Reimbursement:

Financial aid can <u>not</u> be applied to past purchases/registrations.

#### A NOTE ON ACCESSIBLITY:

If this format of application does not work for you, we can offer a paper version via mail and/or potentially make other accommodations. To arrange this, please email us at <a href="mailto:info@skatelikeagirl.com">info@skatelikeagirl.com</a> or call us at 1-888-401-0195

### **General Family Information**

Full Name of	Applicant (Person filling out this form) *
First Name	Last Name

Phone Number: \*

Area Code Phone Number

E-mail: *	
Email Address	
Home Address : *	
Street Address	
Street Address Line 2	
City	State / Province
Postal / Zip Code	Country

Which Skate Like a Girl Chapter are You Applying For?

Which program are you	ı requesting assistanc	e for? Note: please	allow at least 2 we	eks lead time.
le) if you are requestin	g assistance for a prog	gram on July 15, ple	ease apply by July	1st. *

Please include the LOCATION and DATE(S) of the program.

## **Participants**

Who will be participating in our program(s)?

Name of Participant \*

First Name Last Name

Age of Participant \*

## Name of Participant 2

First Name Last Name

## Name of Participant 3

First Name Last Name

## **Financial Assistance Request**

### Amount of Financial Assistance you are requesting: \*

10% scholarship

25% scholarship

50% scholarship

75% scholarship

90% scholarship

100% scholarship

### **Documentation of Need**

Employment Status of Applicant
Full-time
Part-time Part-time
Unemployed
Student
Total Household Members *
Combined Household Income (Annual) *
Describe your financial situation and any extraordinary challenges.
Have you been approved for Financial Assistance with Skate Like a Girl in the past?
Yes
No

The information is requested for post-scholarship report generation only and in no way affects your selection for your award. The data we collect on financial assistance recipients helps us articulate to future funders the importance of donating to support scholarships and assistance to families like yours.

#### **Pronouns**

She/Her

He/Him

They/Them

## Age of participant(s)

5 & Under

6-11

12-17

18 & Up

## Language(s) Spoken at Home

Race (0	Choose	one o	r more	):
---------	--------	-------	--------	----

African American

Alaskan Native

American Indian

Asian

Black

White

Hawaiian

Latino

Middle Eastern

Mixed Race

Pacific Islander

## Ethnic Identity of participant(s)

## **E-Signature**

By signing (typing your legal name) in the space below, you are certifying that all information is correct and that you are the person completing this application. When you press the submit button, you will receive an email confirmation that your application was received. Please print for your records and retain as verification of your application.

E-Signature: \*