



## 2009 Scholarship Application

Please answer the questions listed below:

Scholarship Applicant's Name: \_\_\_\_\_ Shirt Size \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Gender: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

What benefit would your child receive from participating in the Landsharks Spring Track Series?

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What are your child's top two reasons for wanting to participate in our program?

1. \_\_\_\_\_
2. \_\_\_\_\_

Additional information your wish our deciding committee to know:

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In consideration of acceptance my child's entry in the Landsharks Running Club Track Series, I, intending to be legally bound for myself, my heirs, executors and administrators, do hereby release and discharge Landsharks Running Club, all COS School Districts, sponsors, and any other support of the LSRC Spring Track Series and training program, from liability arising from illness, injuries and damages my child may suffer, including those which may be attributed to weather conditions, high altitude, track surface, other competitors, as a result of my child's participation in this event. I attest and verify that my child will participate in this event as a foot race entrant, which my child is physically fit and has sufficiently trained for the event. I have read all entry information provided and certify my compliance below.

Parent's Name: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

LET THE KIDS PLAY  
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Colorado Springs, Colorado 80907  
[letthekidsplay@yahoo.com](mailto:letthekidsplay@yahoo.com)  
Office 719-571-9687  
Fax 719-593-7100

Name of Athlete: \_\_\_\_\_

Signature of person submitting request \_\_\_\_\_

Printed name of person submitting request \_\_\_\_\_

Amount of youth sport fee \_\_\_\_\_

Organization requiring fee \_\_\_\_\_

Reason for fee and when needed \_\_\_\_\_

Name of youth sport program \_\_\_\_\_

Kind of equipment needed \_\_\_\_\_

Is this equipment required \_\_\_\_\_

Previous year earnings as listed on IRS return \_\_\_\_\_

Current year earnings \_\_\_\_\_

Number of dependents in household (including yourself) \_\_\_\_\_

**Please return both pages of your application to the Let The Kids Play Organization listed above NLT close of business on August 31<sup>st</sup>, 2009. You will receive a response within two days. Please be advised Let The Kids Play may request verification of income to complete process.**