



## SCHOLARSHIP APPLICATION FORM

Applicant Name: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Delegation Name: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_

Please check your role: ☐ Delegation Manager ☐ Area Director ☐ Other \_\_\_\_\_

Special Olympics Area (i.e. Northeast, West, etc.): \_\_\_\_\_

---

---

Have you previously applied for and been awarded money from the scholarship fund? ☐ yes ☐ no  
If yes, please list when, the amount received, and activity/project for which you were awarded funding.

Describe the activity or project for which you are now asking for support:

What amount of support are you requesting from the scholarship fund? \$ \_\_\_\_\_

What amount of support are you providing through other sources? \$ \_\_\_\_\_

What is the total cost of the activity/project for which you are applying for support? \$ \_\_\_\_\_

**Activity/Project Budget:** (please include quantities needed and cost per item on item line)

Item: \_\_\_\_\_ Cost: \_\_\_\_\_

Item: \_\_\_\_\_ Cost: \_\_\_\_\_

Item: \_\_\_\_\_ Cost: \_\_\_\_\_

Item: \_\_\_\_\_ Cost: \_\_\_\_\_

Item: \_\_\_\_\_ Cost: \_\_\_\_\_

Item: \_\_\_\_\_ Cost: \_\_\_\_\_

How many athletes and Unified Sports partners will benefit from this activity/project? \_\_\_\_\_

How many of these athletes or Unified Sports partners are new to this activity/project? \_\_\_\_\_

## **SCHOLARSHIP APPLICATION FORM**

Please list any fundraising activities you've already undertaken or plan to pursue to support this activity/project. Include also any business names, amounts requested and/or received, and any other plans for future support.

Is there a Polar Plunge currently held in your area? ☐ yes ☐ no

If so, did your program participate in the most recently held plunge? ☐ yes ☐ no

Does your program plan on participating in the next plunge in your area? ☐ yes ☐ no

Please provide any additional comments/feedback you think would be helpful for us to know in considering your request for assistance from the scholarship fund:

### **For office use only:**

Participating in Polar Plunge (if one is held in their area) \_\_\_\_\_ yes \_\_\_\_\_ no

Area or Regional Director Feedback:

Amount Requested \$ \_\_\_\_\_ Amount Approved \$ \_\_\_\_\_

Reason for denial or partial funding of request:

### **Please submit your completed application to:**

Scholarship Fund  
Special Olympics Iowa  
551 SE Dovetail Rd, PO Box 620  
Grimes, IA 50111-0620