



**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.): \_\_\_\_\_

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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? \_\_\_\_\_

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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