

Special Olympics Scholarship Application

Season: Summer Fall Winter

Sport: _____

1. Athlete to receive scholarship:

Name: _____
First Last

Address: _____
Street

City State Zip

Birth date: _____ Sex: (circle) M F

Please explain the athlete's disability: _____

Medications taken by athlete: _____

Please describe any other expenses required for athlete: _____

2. Parent(s)/ Legal Guardian(s):

Marital Status: (circle) Single Married Divorced Separated

Name: _____ Relation to athlete: _____

Lives with athlete? _____

Occupation: _____

Phone Numbers:

Home Work Cell

Name 2: _____ Relation to athlete _____

Lives with athlete? _____

Occupation: _____

Phone Numbers:

Home Work Cell

3. Family and expenses:

Number of Children _____ Number of children with disabilities _____

Please describe any disabilities other child(ren) in your household have: _____

Total monthly household income (before taxes): _____

Do you have a Medicaid Waiver? _____

Are you receiving funds from SSI/SSDI? _____ If so, what amount? _____

Do you receive any additional government funding? (please describe): _____

Additional Expenses Not Covered by Insurance or Government Funding:

Please describe any community involvement, specific to disabilities (including Special Olympics involvement): _____

4. Special Olympics and Scholarship:

Have you contributed or volunteered to help in Gwinnett County Special Olympics Fundraising Events? If so, please give details _____

Explain any additional people/families participating in Gwinnett County Special Olympics Fundraising Events at your request: _____

Has your child ever participated in Gwinnett County Special Olympics Masters Program in the past? _____

If so, explain: _____

Have you ever applied for a scholarship for your child to participate in Gwinnett County Special Olympics Masters Program? _____

If so, please explain: _____

If you were to receive a scholarship, how much money would you NEED for your child to participate in this sport? (Please explain)

Are there any ways that you would like to help the Special Olympics (other than monetary donations)? :

Please describe in a paragraph why your child should receive a scholarship for Special Olympics:

FOR ADVISORY BOARD USE ONLY:

Reviewed by: _____

Decision: _____ Date: _____