

## Scholarship Application

Families Helping Families of Iowa is a nonprofit group designed to help and support children in foster care and relative placement. Examples of eligible activities are tutoring sessions, dance/gymnastic lessons, Special Olympics, Tae Kwon Do/Martial arts, piano/music classes, art programs/camp and college application fees. Complete the application below and email to <a href="mailto:amyj@familieshelpingfamiliesofiowa.com">amyj@familieshelpingfamiliesofiowa.com</a> or mail to 3516 Center Point Rd NE, Cedar Rapids, IA 52402. Applications are also available online at <a href="mailto:www.familieshelpingfamiliesofiowa.com">www.familieshelpingfamiliesofiowa.com</a>. Decisions will be made pending board approval and availability of funds. NOTE: <a href="mailto:Funds are restricted">Funds are restricted to foster care children and youth and all payments will be made directly to the program or business providing the activity/service</a>. Eligible children and youth are allowed to access the fund once a year.

availability of funds. NOTE: Funds are restricted to funds the program or business providing the activity/serv		-			
Program being applied for (please check one): Spread Your Wings			Closing the Gap (Tutoring)		
APPLICANT INFORMATION (child must be adjudent	dicated and b	oe assigned a s	social worker to l	be eligible for funding)	
Child's Name:		Age:		Gender:	
Foster Parent Name:			Phone Number:		
Street Address:		Email:	Email:		
City:	State:	Zip:		County:	
Case Worker Name:		Phone Nu	Phone Number:		
PROGRAM INFORMATION					
Business Name:		Phone Nui	Phone Number:		
Street Address:		•			
City:	State:	Zip:		County:	
Type of Activity:		Length of	Length of Program:		
Funding needed For (please specify items – i.e. program registrati	ion fee, equipme	ent)			
Tutoring Areas of need if applicable:					
How will this program benefit the child:					
Cost:		Date Fund	Date Funding Needed:		
"Until You Spread Your Wings,	You'll Have N	lo Idea How Fo	ar You Can Fly" -	Unknown	
Families Helping Families believes these programs are key us, and our contributors, that we get feedback on how th program and we will mail	is program ber	nefited the child	d. Please notify us	once the child has completed the	
oster Parent Signature			Date		
FOR OFFICE USE ONLY Comments:					
Approved by President:			Date Paid:		

Check #

Amount:

Date Mailed:

Approved by Vice President:

Approved by Secretary:

Approved by Treasurer: