



# KIDS ON ICE® 2022-2023 SEASON SCHOLARSHIP REQUEST

- Form **MUST** be returned with registration for consideration.
- **MUST** include household income and number in household.
- Form **MUST** be signed and dated by Parent/Legal Guardian.

**ONE SKATER per form.**

**Skater First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**1. REQUIRED: Does this skater participate in the DC School Breakfast & Lunch Program?**    
YES NO

**2. REQUIRED: I confirm my household income is:**

<input type="checkbox"/> \$0 - \$19,999	<input type="checkbox"/> \$20,000 - \$39,999	<input type="checkbox"/> \$40,000 - \$59,999	<input type="checkbox"/> \$60,000 - \$79,999
<input type="checkbox"/> \$80,000 - \$99,999	<input type="checkbox"/> \$100K - \$119K	<input type="checkbox"/> \$120K - \$149K	<input type="checkbox"/> \$150K+

**3. REQUIRED: Number of persons living in household (circle one):** 2 3 4 5 6 7 8 9+

**4. REQUIRED: Was your family financially impacted by the Covid-19 crisis?**    
YES NO

**5. REQUIRED: Contact Information:**

<b>Phone Number :</b>	<b>Email Address:</b>
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**6. REQUIRED: Parent/Guardian Name & Signature with Date Signed:**

\_\_\_\_\_  
**PRINT** Parent/Legal Guardian's Name      Parent/Legal Guardian's **Signature**      **Date** Signed

*Additional information (optional):* \_\_\_\_\_

*For Office Use Only*

CLASS	FEE/AWARD	DIFF.	DATE	INITIAL	NOTE
_____	\$ _____ / \$ _____	_____	_____/_____/_____	_____	_____
_____	\$ _____ / \$ _____	_____	_____/_____/_____	_____	_____
_____	\$ _____ / \$ _____	_____	_____/_____/_____	_____	_____
_____	\$ _____ / \$ _____	_____	_____/_____/_____	_____	_____
_____	\$ _____ / \$ _____	_____	_____/_____/_____	_____	_____
_____	\$ _____ / \$ _____	_____	_____/_____/_____	_____	_____