



OAK Scholarship Application

Date: _____

Office Use Only:
Approved Date/By: _____
Date Parent Notified: _____
Invoice Amount: _____
Approved Amount: _____
Organization Paid & Date: _____
Entered XL Spreadsheet Date: _____

Student Information

Parent/Guardian Information

Student's Name: First Last	Parent/Guardian's Name: First Last
Name Child Goes By:	Mailing Address: Street City State Zip
Age:	Home Phone:
Gender:	Cell Phone
Date of Birth:	Email Address:
School:	How did you hear about OAK Program? Referred By?
Grade:	Have you participated in OAK program before? YES/NO
Middle/HS Students do you need Volunteer hours? YES/NO	How many of your children will be applying for OAK Scholarship?

What sport is your child interested in playing? Please circle choice

Baseball/Tball	Softball	Basketball	Dance
Football	Soccer	Hockey	Tennis
Karate/Tae Kwon	Rugby	Volleyball	Golf
Gymnastics	Lacrosse	Track & Field	Running
Swim Lessons	Cheerleading	Wrestling	Cross Country

Activity/Sport Information

Organization/Business Name:	How many days a week is the class activity/sport: (Circle all days that apply) S,M,T,W,T,F,S
Organization/Business Address:	Total hours class activity/sport is each week:
Organization/Business Phone:	Cost of Activity: Circle One: Monthly/One Time Fee
Program Director Name: First Last	Activity Start Date (MM/DD/YYYY):
Program Director Email:	Activity Completion Date (MM/DD/YYYY):

First Flight Alliance is a 501C(3) Nonprofit (45-5324894)
113 Metro Drive, Anderson, SC 29625 – Oak@yourfirstflight.org



OAK Scholarship Application

Activity/Sport Information

Student Statement: MUST BE COMPLETED (1st Grade & under Draw a picture of you & sport/activity you are listing).

Choose **ONE** of the following questions and in a few sentences answer using a separate sheet of paper or the back of this form.

1. Identify the activity (dance, football, karate, swimming, etc.) that you would like to participate in and tell us why or explain how it will help you grow stronger and healthier.
2. Explain what it means to be a leader and how your activity will help to develop leader qualities in you.

Application Checklist: All Information Must Be Completed Before Form Turned In for Approval:

- Completed Application Form
- Child’s written answer to Student Statement or (Drawing 1st Grade & under only)
- Copy of report card for this year (Applies to K5-12th Grade)
- Recommendation letter from school teacher or referring agency

Read and initial each point below:

_____ I will make every effort for my child to attend all classes/lessons for the activity.

_____ I am willing and able to transport to get my child to every practice/lesson for the activity in which my child is participating in.

_____ I will encourage my child to try his/her best in this activity.

_____ I am aware that First Flight Alliance will be directly paying the organization providing the activity my child is attending.

_____ I am aware that First Flight Alliance may need to contact the organization that referred you or the organization that your child is participating in. This does not determine your eligibility.

_____ As a part of First Flight Alliance/OAK we like to promote and celebrate along with you activities and achievements the students are involved in through the First Flight Alliance/OAK Program. We would love to share your child’s story through pictures or videos. If you are willing to share these please send to oak@yourfirstflight.org.

YES/NO Please circle Yes or No that you are agreeing that it is ok for First Flight Alliance/OAK to share on our social media platforms. This does not determine your eligibility.

Please read and sign the following:

I have completed this application to the best of my ability, and I understand and agree to the statements above. I will encourage my child to be active and healthy outside of his/her activity, and I will encourage sportsmanlike conduct from my child while he/she attends this activity.

Signature: _____ Date: _____