

CVILLE MOVEMENT FOR THE PEOPLE

Tuition Assistance Application & Agreement

You must submit your application in order to be accepted into the program.

CVille Movement For The People, Inc. is a Virginia 501(c)(3) corporation ("CMFTP"), dedicated to "at-risk" children involved in delinquency or who are experiencing abuse, neglect or mistreatment, children with behavioral and/or academic issues and children desiring to get the physical, emotional and mental benefits from regular participation in a traditional martial arts program. Extensive academic research shows that traditional martial arts programs are directly correlated to increased academic achievement in students and to significant positive effects on the physical, emotional, and mental conditions of adults and children. CMFTP offers traditional martial arts programs to the children of the Charlottesville, Virginia area, regardless of ability to pay to benefit and improve their lives.

I, _____, on my own behalf or as the parent/legal guardian of the minor listed below. By filling out this application, affirm and represent to CVILLE MOVEMENT FOR THE PEOPLE. INC., ("CMFTP") the following:

(a) STATEMENT ON ABILITY TO PAY (circle applicable statement):

* I can afford to pay \$_____ per month toward my martial arts training at CMFTP; OR

* Except as may be stated below, full payment of the monthly tuition and/or uniform(s) would cause a significant financial hardship that I AM CURRENTLY UNABLE to make any payments or otherwise to attend CMFTP's training programs; (initials)_____; OR

*I am not only able to pay full tuition to CMFTP but I want the good karma to sponsor another student for the program by donating \$_____ and/or donating \$_____ per month to CMFTP.

(b) I understand that if I am or my child is accepted for CMFTP's tuition assistance program, that I (on my behalf and on my child's behalf), commit to regular attendance of CMFTP's training program in order to obtain possible benefits of CMFTP's training program; and

(c) that because of many requests made to CMFTP for tuition assistance, that if I (or my child) is missing or continually not participating in CMFTP's training program without reasonable cause, CMFTP, in its own discretion may suspend or terminate tuition assistance up written notice (without any further obligation), and

(d) that the representations made in this application regarding the applicant's ability to pay and other information requested in this application is accurate and complete and if applicant's financial situation materially improves to where the applicant reasonably believes that some or all of CMFTP's tuition payment can be made by the applicant, the applicant will notify CMFTP of such improved financial circumstances and will make a good faith effort to offer CMFTP

CVILLE MOVEMENT FOR THE PEOPLE

Tuition Assistance Application & Agreement

prospective tuition payments, in part or all, so that CMFTP may offer tuition assistance to others in need; and

(e) that if this application is accepted, the term of acceptance is for one year starting from the date of CMFTP's acceptance of this application and thereafter, applicant must reapply to CMFTP to continue tuition assistance for the following one-year period, on an ongoing yearly basis, unless CMFTP notifies the applicant otherwise; and

(f) that as part of CMFTP's evaluation of the success of its tuition assistance program, the applicant agrees to fill out (and fully cooperate with) a semi-annual survey regarding the applicant's experiences with the training program, general physical, emotional and mental health improvement (if any), and improvement in academic performance (if applicable) and other information for CMFTP for such evaluation purposes and further, that such information may be compiled and publicly reported by CMFTP, provided that CMFTP does not use the \ applicant's identity or any other identifying information, without the applicant's prior consent.

(g) that the applicant's information is as follows:

Student Applicant's
Legal name in full
(Print/Type)

Last Name	First Name	M.I.
-----------	------------	------

Permanent
residence

Number, Street, and Apartment Number

City	State	ZIP
------	-------	-----

How did you find out about our program?
(At least two must apply.)

Referred by teacher/counselor

Advertisement (where?) _____

Friend

Home telephone () _____

Mobile telephone () _____

E-mail address _____

Other: _____ Date of birth _____ Age _____
Month/Day/Year

CVILLE MOVEMENT FOR THE PEOPLE

Tuition Assistance Application & Agreement

(h) I am submitting the following two written recommendations from the following individuals who support this application: (1) _____ AND
(2) _____

(i) that the reason why I am applying for tuition assistance is as follows (you may supplement this with another page):

(j) that my personal goals for training in the CMFTP program are (you may supplement this with another page):

(k) that I am providing the following information to CMFTP, which I believe, would assist in the consideration of my application (optional) (you may supplement this with another page)

SUBMITTED BY:

Applicant's signature

Parent or Legal Guardian's Signature

Please complete and mail or return to
IBBCV | Attn: CMFTP | 624 Berkmar
Circle, Charlottesville Va, 22901

CVILLE MOVEMENT FOR THE PEOPLE
Phone: 434.973.8885
Email: cvilletaekwondo@gmail.com
Web: www.cvilletaekwondo.org

Name

Address if different than Applicant's
Address