

CVILLE MOVEMENT FOR THE PEOPLE

Tuition Assistance Application & Agreement

CMFTP offers traditional martial arts programs to the children of the Charlottesville, Virginia area regardless of ability to pay

Cville Movement For The People, Inc. ("CMFTP") is a Virginia 501(c)(3) corporation. *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.*

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 (check 1 applicable statement):

- I can afford to pay \$_____ per month toward my martial arts training at CMFTP
- Except as may be stated below, full payment of the monthly tuition and/or uniform(s) is beyond my capability to pay and I am requesting financial assistance (initials)_____

(b) Lack of attendance and participation without reasonable cause, CMFTP, in its own discretion may suspend or terminate tuition assistance up written notice (without any further obligation). I understand that if I am or my child is accepted for CMFTP's tuition assistance program, that I will (on my behalf and on my child's behalf), commit to regular attendance (at least 1x per week) in order to obtain the possible benefits of CMFTP's training program.

(c) that the representations made in this application regarding my ability to pay and other information requested in this application is accurate and complete and I will notify CMFTP if my financial situation improves and will make a good faith effort to offer CMFTP prospective tuition payments, in part or all, so that CMFTP may offer tuition assistance to others in need; and

(d) 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

(e) As part of the evaluation of CMFTP's success we value your experience. I will participate in filling out a short semi-annual survey regarding my experiences with the training program, and general physical, emotional, and academic improvement (if any); and

(f) I understand that such information may be compiled and publicly reported by CMFTP, CMFTP will not use my identity or any other identifying information, such as photos, without my prior consent.

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(e) my information is as follows:

Student Applicant's Legal name: _____
(Print/Type) Last Name First Name M.I.

Permanent Residence: _____
Number Street Apt #

City, State, ZIP: _____

Home phone: (_____) _____ Mobile phone: (_____) _____

Age _____ Date of birth (mm/dd/yyyy): _____ E-mail address: _____

How did you find out about our program?

- Referred by (teacher/ counselor / other): _____
- Advertisement (where?): _____
- Friend
- Other: _____

We'd Love to get to know you

We'd Love to get to know you and hear about why you would like to apply for a CMFTP scholarship which will also assist in the consideration of your application.

(h) Reason for Applying:

(i) Personal Taekwon-Do Goals:

(J) Important Info to know:

(j) Other Info:

SUBMITTED BY:

Applicant's signature | Parent or Legal Guardian's Signature

Name | Address (if different than Applicant's Address)