



Upper Limits Youth Climbing Team Grant Application Form

All applications and information submitted will be held in strict confidentiality. The application information will only be used for determining the qualifications for the Upper Limits Youth Climbing Team Grant. **Recipients will pay 30% of program fee. The grant will cover the additional 70%, (up to \$130). One grant awarded per session.**

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone Number: _____

Email Address: _____

School: _____ Grade: _____ Current academic standings: _____

Which team would you use this grant for? _____

Have you participated in this program before? When? _____

If you do not receive this grant, will you still enroll in Team ULI? _____

On a separate piece of paper please write a short essay explaining why you should be selected for this grant. Applicants ages 7-12 must submit a 50-100 word essay and applicants ages 13-18 must submit a 200-300 word essay. In your essay you should answer the following questions:

- *What does it mean to be part of a team and why Team ULI?*
- *When in life have you been truly challenged? How did you respond?*
- *What is your definition of commitment?*
- *What does climbing mean to you?*

List your current involvement in academics, extracurricular activities, volunteer work and any other activities that demonstrate your determination for excellence.

Recipient Requirements:

- 1.) All recipients must maintain a B grade point average to retain grant and report cards must be submitted twice a year; once after each semester. Grant benefits will be revoked if grades start to fall.
- 2.) All recipients of this scholarship **MUST ATTEND AT LEAST 85% OF ALL TEAM ULI PRACTICES AND ATTEND AT LEAST 6 COMPETITIONS** throughout the year.
- 3.) All recipients must maintain appropriate behavior and respect for their team members, coaches, and the Upper Limits facility, staff, and patrons.
- 4.) Applications will be accepted beginning July 28, 2016 through August 24, 2016. Applications will not be accepted prior to July 28, 2016 so please do not submit early applications. Only the first fifty applications will be considered for the grant.

I certify that all of the above information is true and correct. I understand that this information is being given for receipt of a grant; that Upper Limits staff may verify the information on the application.

Signature of applicant

Date

Signature of legal guardian

Date

*****Applications must be completed and all requested materials must be included to be considered. Incomplete applications will not be considered*****