



# Youth Sports Fund of Hardin County Scholarship Application for Gymnastics

The Youth Sports Fund of Hardin County encourages and supports youth participation in recreational sports and making these opportunities available to any player, regardless of their financial situation. The Youth Sports Fund of Hardin County offers scholarships for families who need financial assistance for children to play sports.

*Please fill out this form completely and submit to our office by the following deadlines:  
December 6th*

## Youth Sports Scholarship Guidelines:

- Applications are accepted from youth living in Hardin County who plan to participate in a recreational gymnastics program.
- Scholarships may cover program fees only.
- Scholarships will be paid directly to the sports league/organization, not to the individual participants.
- Scholarships are for one season and awarded based on need.
- Funding is limited, and scholarships are not guaranteed to all applicants.
- Membership and performance day fees are not covered.
- Children of CKCF staff and Board Members are not eligible for scholarship assistance.

Please send all scholarship applications to:  
Central Kentucky Community Foundation  
200 Jim Owen Drive  
Elizabethtown, KY 42701  
270-737-8393

Or by email to: [info@ckcf4people.org](mailto:info@ckcf4people.org)



## Youth Sports Fund of Hardin County Scholarship for Gymnastics Application

### Player Information

Name	Age	School	Grade
Home Address		City/ Zip	
Sport your child will be playing:		Cost of League/Program: \$	
League/Organization Name:			
Has your child played sports before? Y / N    If yes, what sport/league: _____			
Has your child been funded through the Youth Sports Fund of Hardin County previously? Y / N			

### Parent/Guardian Information

Name	Phone Number	Email
Address (if different from player)		Place of Employment
Name	Phone Number	Email
Address (if different from player)		Place of Employment

Please share why you are applying for financial assistance. (Attach additional page(s) if needed)

Why would you like your child to play sports? \_\_\_\_\_

How are you financially contributing to the cost? \_\_\_\_\_

Assistance Requesting: ☐ 50% ☐ 100% ☐ Other \_\_\_\_\_ ☐ Equipment

Please list equipment needs if checked: \_\_\_\_\_

Do you have transportation – time and vehicle to get your child to practice? Y / N

**You must report income for all household members:** this includes earnings from work, income from public assistance/child support/alimony, pensions/retirement, and all other income.

Family **annual** income: \$ \_\_\_\_\_ # of adults in household \_\_\_\_\_ # of children living at home \_\_\_\_\_

I understand the practice and game time commitment for my child to participate and agree to ensure my child participates fully in the sports program.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

How did you hear about the scholarship program? \_\_\_\_\_