



David Curtis Memorial Rockies Kick Seminar

Scholarship Application Form

Colorado Blue Wave Martial Arts Mission Statement

We exist to provide quality instruction in the art and science of traditional Tae Kwon Do Chung Do Kwan to Colorado families and individuals. We provide a fun atmosphere of mutual concern and cooperation, rooted in traditional discipline. We help build independent, focused, and confident individuals and families with healthy bodies, spirits, and minds.

As one means to fulfill our mission, Colorado Blue Wave Martial Arts (COBWAMA) offers scholarships to families with financial need. This scholarship is in memory of 3rd Degree Black Belt and one of COBWAMA's founding members David Curtis. Our rates are already designed to be very affordable for individuals and families, and we have discounts for families with several members in classes. However, we do realize that sometimes people and families need a little more, hence our scholarship program.

Personal Information:

Last name: _____ First _____ MI _____ Date: _____
Male Female Parent/Guardian name(s) (if under 18): _____
Current address: _____
Telephone: _____ Email: _____
Date of birth: _____ Age: _____

Optional information:

Black Hispanic Asian Native-American White

Application supporting information:

This program is to help children (17 and younger) and/or their parents to participate in the David Curtis Memorial Rockies Kick Seminar on November 14-16th for staying in the cabin.

- I would like to attend the seminar but *can NOT afford to pay at all*.
- I would like to attend the seminar, I can't pay the whole amount, but *could afford to pay _____ of the \$90 total*.
- I would like to attend the seminar, I can't pay now – but *can pay the total amount (\$90) by this date _____*.

Application certification:

I, _____ hereby certify that, under penalty of perjury that the statements and information provided in this application and any supporting documentation are true. I agree to work hard at the seminar, respect and obey instructors, and help out as I am able to.

Signature: _____ Date: _____

Signature of Parent/Guardian (if under 18): _____ Date: _____

Print Name of parent/Guardian: _____

Colorado Blue Wave Martial Arts is a Colorado non-profit Corporation

We do not discriminate students on the basis of race, gender, religion, or political affiliation