



Low Income Sponsorship Program Student Application

Return Form by August 31st to:
MASD Sponsorship Program
P.O. Box 2292
Portage, MI 49081

Student Information

Student's Name: _____ Age: _____

Student's Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Parent/Guardian Information

Parent/Guardian Name: _____

Student's Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

School Information

Martial Arts School: _____

School Owner: _____

School Address: _____

City: _____ State: _____ Zip: _____

School Phone: _____

Type of Martial Arts Student Will Study: _____

When will Student Attend Class: _____

(Be Specific. Student must attend class on an established schedule to receive funds | Example: Tue & Thur 5:00pm - 6:00pm)

Return this signed application with the following documents:

- Proof of student's identification (e.g. birth certificate, drivers license copy)
- Most current tax statement
- Proof of current income
- Contract with the martial arts school in which student is applying
- Fee structure of the martial arts school in which student is applying
- Testing fees of the martial arts school in which student is applying

Signing this document certifies that this information as well as the supporting documentation submitted is true, current, and accurate.

Signature: _____ Date: _____
Student

Signature: _____ Date: _____
Parent/Guardian (must be over 18)