



# DAY DREAMS FOUNDATION SCHOLARSHIP APPLICATION

Child's Name: \_\_\_\_\_  
FIRST MI LAST

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_ T-shirt Size: \_\_\_\_\_

Address: \_\_\_\_\_  
ADDRESS APT # CITY STATE ZIP CODE

Child's Nationality:  Asian  African American  Latino(a)  White/Caucasian  Other

Child's School: \_\_\_\_\_ Grade: \_\_\_\_\_

Does child qualify for the FREE Lunch Program at school?\*  Yes  No

\*If the child does not qualify for free lunch, please attach/email a letter explaining your family's current financial situation that led you to apply for a Day Dreams Foundation scholarship.

Parent/Guardian's Name: \_\_\_\_\_  
FIRST MI LAST

Parent/Guardian's Preferred Phone: \_\_\_\_\_ Household Size: \_\_\_\_\_

Parent/Guardian's Email: \_\_\_\_\_

Household Income:  Under \$15,000  \$15,001-\$25,000  \$25,001-\$35,000  \$35,001-\$45,000  \$45,001+

Household Type:  Single Parent  Two parents  Grandparents/relative  Foster  Other

Has child ever participated in an extracurricular activity before?  Yes  No

If yes, please list activities: \_\_\_\_\_

For what activity is the child applying for a scholarship? \_\_\_\_\_

Would it be the child's first year participating in this activity?  Yes  No

Name of the team/organization/league  
(i.e. to whom the check should be made): \_\_\_\_\_

Amount of program/scholarship requesting  
(Please specify exact dollar amount as check will be cut directly to program if approved): \$ \_\_\_\_\_ Date registration fee needed by: \_\_\_\_\_

How did you hear about us?  Newspaper/TV/Radio  Social media  School

Coach/instructor Name: \_\_\_\_\_  Other: \_\_\_\_\_

Please list any other items the child needs in order to participate in the activity (ex. shoes, uniform, equipment). If you know the cost of the items, please list those as well:

Have the child describe their “dream” or why they want to participate in the activity. (At least 3-4 sentences)

As a parent/guardian, explain how you think your child would benefit from this activity and why they would be a good candidate for a scholarship. (At least 4-5 sentences)

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

**To be included with application:**

- One letter of recommendation from a non-family member (ex. teacher, coach, counselor, etc.)

**Please return application and letter of recommendation to:**

Day Dreams Foundation | PO Box 81 | Columbia, MO 65205 or [daydreamsfoundation@gmail.com](mailto:daydreamsfoundation@gmail.com)

**Items that will need to be provided/shown at meeting with Day Dreams Foundation representative once preliminary application is approved:**

- Copy of letter/form from the child’s school indicating child qualifies for FREE lunch at school. Or you can provide proof of all family income.
- Copy of birth certificate or any form listing the child’s date of birth to verify age.
- Completed registration form for the extracurricular of the child’s choice.