



Received by: \_\_\_\_\_

# Kekaha Resident Scholarship 2024

*Mission: for residents of Kekaha to improve the health, wellness, and community building for Kekaha.*

Please fill this out and know that all submissions will be reviewed by the Kekaha Scholarship Committee. We are looking to accept the best applicants that could benefit the most from this scholarship to receive assistance on their Kekaha Fitness Center membership costs.

- You must live in Kekaha to qualify for the fitness center scholarship.
- 1 form per person. If you are wanting to submit for you and your spouse, please fill out two separate sheets.

**First & Last Name:** \_\_\_\_\_ **Today's Date** \_\_\_\_\_

**Email address:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Gender (circle one):** Male Female Prefer Not

**Full Address (street, city, zip):** \_\_\_\_\_

**Any injuries or limitations?** No Yes - please explain: \_\_\_\_\_

**Who is your employer?:** \_\_\_\_\_

**Do you receive any other financial assistance?** No Yes - please explain: \_\_\_\_\_

\_\_\_\_\_

**Are you a current paying member of CrossFit Kekaha // Kekaha Fitness Center?** No Yes

**If above was no, have you ever been a member of CrossFit Kekaha? Please share why you are not active anymore:** \_\_\_\_\_

\_\_\_\_\_

**What are the goals you hope to accomplish if you receive this scholarship?** \_\_\_\_\_

\_\_\_\_\_

**What is your favorite part about Kekaha? (use the back for more room):** \_\_\_\_\_

\_\_\_\_\_