AMERICAN GRAPPLING ALLIANCE Name (Student): Date of Birth: Phone: Current Address: City: State: Zip Code: Known allergies: Any martial arts experience: Any medical issues: Any behavioral issues: PARENT/GUARDIAN INFORMATION Social Worker (if applicable) Name: Address (if different from Student): Household size: City: State: Zip Code: Phone: Email: Fax: Current employer: Full time Annual income: Part time (Please circle) ALTERNATIVE EMERGENCY CONTACT Phone Number: Name: Relationship: TELL US ABOUT THE STUDENT Please describe how this program would benefit the applicant. UNDERSTANDING THE GYMS OR MARTIAL ARTS SCHOOLS We are a third party organization that helps find affordable academy tuitions for children interested in training in the grappling arts. We match students with a local academy in their area. These academies are independent businesses. While attending, the student must adhere to all of academy rules and behave in a respectful manner. Student expectations are equal to all other paying members at the attending academy. We, American Grappling Alliance Foundation Inc., are not liable for any injuries, damages, or lose of property at participating facilities. With signature of this waiver, applicant attests to having knowledge of this. **SIGNATURES** I attest that the information provided in this application is accurate and true to the best of my knowledge. I also attest that the applying student is fit to participate in a grappling martials art program such as the one being applied for. I understand and accept that income verification may be required for admittance into our programs. I also verify that I have retained a copy of this application. Guardian Signature: Date: Guardian Printed Name:

SCHOLARSHIP APPLICATION