

# **IDEP IDEP SCHOLARSHIP**

2925 Headland Drive, Suite 1700 East Point. GA. 30344  
Ph: (404) 344-4366 · Fax: (404) 349-0599 · E-mail: crosslandkarate@aol.com · www.crosslandkarate.com

## **Scholarship Application**

Application Date. \_\_\_\_\_

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address, City, State, Zip \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_ - \_\_\_\_\_

Place of Employment \_\_\_\_\_ Phone ( ) \_\_\_\_\_ - \_\_\_\_\_

Yearly Household Income (may need to verify) \_\_\_\_\_ No. of Dependents [\_\_\_\_\_]

The student hereby acknowledges and understands that IDEP Scholarship is making a specific recommendation or referral of the student to Crossland Karate, Inc. programs. The student or his/her guardian must independently evaluate 1) the appropriateness, 2) the level of safety and security and 3) staff skills of the studio and program . The student and or his/her guardian hereby waives any liability against and releases IDEP Scholarship and Crossland Karate. Inc. as relates to the selection of or acts of the studio and program and its agents and employees.

Student's Signature \_\_\_\_\_ Student's SS# \_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_

I agree to provide transportation for my child by way of \_\_\_\_\_

In consideration of my child participating with IDEP Scholarship and Crossland Karate, Inc. I do hereby remiss, release and forever discharge IDEP Scholarship and Crossland Karate, Inc. of any and all liability, claims, demands, actions and causes whatsoever, arising out of or relating to any loss, damage or injury including death, that may be sustained transporting to or from or during the course of any Crossland Karate, Inc. functions. The undersigned, being duly aware of the risks and hazards involved, hereby elects to voluntarily assume all risks of loss, damage or injury including death that may be sustained. This release shall be binding upon the distributor, heirs, next of kin, executors and administrators of the undersigned. In signing the forgoing release, the undersigned hereby acknowledges and hereby represents that he/she has read the forgoing release, understands it and voluntarily signs it.

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

**(Parent/Guardian must attach letter explaining why child should be considered for the IDEP Scholarship)**

**FOR OFFICE USE ONLY**    APPROVED \_\_\_    NOT APPROVED \_\_\_    DOES NOT MEET QUALIFICATIONS \_\_\_

PROGRAMS:    Karate \_\_\_ Tutoring/Mentoring \_\_\_ Computer Training \_\_\_ Community Services \_\_\_

Children/Child Referred By \_\_\_\_\_ Ph: #( ) \_\_\_\_\_

Why should this student be considered for the IDEP Scholarship Programs:

\_\_\_\_\_  
\_\_\_\_\_

IDEP Scholarship Representative \_\_\_\_\_ Date: \_\_\_\_\_

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## **AT RISK QUALIFACATION GUIDELINES**

To be determined “at risk” or for hardship consideration and qualify for acceptance into IDEP Scholarship Program children (3 years to 18 years of age) or their parent(s) must satisfy at least one or more of the following six categories.

- I. Individual Characteristics
  - A. Alienation
  - B. Rebelliousness
  - C. Lack of bonding to society
  - D. Obesity
  
- II. Family Influences
  - E. Parental conflict
  - F. Child Abuse
  - G. Poor family management practices
  - H. Obesity in the family
  - I. Family history of problem behavior
    1. substance abuse
    2. criminality
    3. teen pregnancy
    4. school dropouts
  
- III. School Experience
  - A. Early academic failure
  - B. Lack of commitment to school
  - C. Dropping out of school
  
- IV. Peer group influences
  - A. Friends who engage in problem behavior with minor criminality record
    1. alcohol
    2. drugs
    3. gangs
    4. violence
  
- V. Neighborhood and community factors
  - A. Economic Deprivation
  - B. High rates of alcohol
  - C. High rates of substance abuse
  - D. High rates of crime
  - E. Proliferation of handguns among children
  - F. Neighborhood disorganization
  
- VI. Medical factors related to at risk behavior  
Describe medical issues relative to at risk behavior, i.e., (cancer, glaucoma, obesity, etc.)

It is requested that on the IDEP Scholarship application you not only identify the risk factor(s) but also mention the protective factor(s) your agency will provide as a counter measure. Example: “John satisfies risk category IV. A. 1. and 4. Friends who engage in problem behavior such as minor criminality and gangs. We will provide a positive peer group, encourage cooperation, respect and pro-social behavior and we eventually hope to inspire John to set and vigorously pursue positive goals in life”).

