

ICEMAN SCHOLARSHIP PROGRAM FUNDING APPLICATION
KIDS RACE SPORTS DEVELOPMENT INC.

SCHOLARSHIP WINNER

Last Name: _____

First Name: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Birth Date mm/dd/yy

Telephone: _____

E-Mail: _____

Year you won Scholarship: _____

School you are attending: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Signature: _____ Date: _____

NOTE: YOU MUST SEND A COPY OF YOUR BIRTH CERTIFICATE ALONG WITH THIS APPLICATION REQUESTING FOR FUNDING OF YOUR SCHOLARSHIP

**KIDS RACE SPORTS DEVELOPMENT INC
P.O. BOX 942
PINCKNEY, MI 48169**