



Future Stars Global Foundation
Presents the
West Valley Pediatric Dentistry Scholarship Opportunity

Scholarship Application Guidelines

Purpose – The West Valley Pediatric Dentistry’s Scholarship Program focuses on providing opportunities for youth in our area who would otherwise not be able to participate in *Future Stars International Enterprises* recreational basketball leagues, volleyball leagues and sports camps. Since the underlying principal of all activities are designed to build character, integrity and accountability consideration is not only given based upon financial need but on youth applicants value system as demonstrated in the required application essay as described in Application Process.

Our goal is to help as many athletes as possible however the West Valley Pediatric Dentistry funds are limited. The maximum amount awarded will be 75% of the registration fee.

Scholarship Requirements

- Parents/guardians are expected, if asked, to participate in volunteer activities to help offset the cost of the scholarship.
- Parents/guardians are expected to share in registration cost at a minimum of 25%.
- Scholarship recipients are required to attend 80% of scheduled practices and games.

Eligibility Requirements

Applicant must:

- be a U.S. Citizen or eligible non-citizen.
- be a permanent resident of Arizona both when you apply and when you receive the scholarship (determined by the residency of their parent or legal guardian).
- be enrolled in a public school, charter school, freeway school or other Arizona school accredited by the Arizona Department of Education.
- be ages 6 – 16.
- demonstrate financial need.
- must demonstrate academic achievement.
- must demonstrate leadership skills and good moral character.
- must participate in athletics, community service or other extra curricular activities.

Application Process

- Application must be completed and signed Parent/guardian.
- Include with application proof of current income for all household members. Documentation should include all of the following that apply. Examples include: one month of current consecutive pay stubs, most recent completed tax return, W2’s, 1099’s, unemployment statements, SSI Form, child support order, 1099’s.
- Include with application Proof of Residency: current driver’s license, state-issued identification card, tax bill or voter’s registration card.
- Include with application a copy of social security card and driver’s license



- Youth applicant must submit an essay in his or her own words about their involvement in sports, community service or other extra curricular activities. Please describe the lessons you have learned from your involvement in these activities.
- If applicable include with application proof that your child receives free or reduced lunch from school.
- Applications must be **complete and received at least two weeks prior to program start date**.
- Mail or email application and required information to Future Stars Global Foundation, 8765 W. Kelton, Bldg 3, Ste 140, Peoria, AZ 85383 or rita@fsieusa.com.
- Applications will be reviewed by Future Stars Global Foundation, and applicants will be notified via email 7 days prior to the start of the program whether their application is approved or denied.
- If scholarship application is approved, applicant must call Future Stars International Enterprises to complete registration and submit payment for their shared portion of the registration fee.

Financial Guidelines – Income levels must fall within these guidelines to be considered eligible for a scholarship.

Total Family Size	Total Annual Family Income
2	\$26,955
3	\$33,874
4	\$40,793
5	\$47,712
6	\$54,631
7	\$61,550
8	\$68,469
For each additional family member, add	\$6,919

Confidentiality – All West Valley Pediatric Dentistry Scholarship applications and attachments are confidential and shall be used exclusively for the West Valley Pediatric Dentistry Scholarship Program and no other purpose. The applications and attachments shall not be disclosed by the parties, or their respective attorneys, to any person, corporation, firm or entity of any type except as provided by law.



West Valley Pediatric Dentistry's Scholarship Application

Parent/Guardian Full Name: _____ Date: _____

Address: _____ City: _____ State: _____ ZIP: _____

Phone (Home): _____ Phone (Cell): _____

Email: _____

Child's Name (First, Last): _____ Middle: _____

Child's DOB: _____ Grade: _____ Gender: M _____ F _____

Program Scholarship Applied for: _____ Amount Requested: _____

Number of family members residing at above address: _____ Number Siblings: _____

Child lives with: () Both Parents () Mother () Father () Extended Family () Other _____

Total Household Annual Gross Income: _____

Does your child qualify for free or reduced school lunch?	Yes	No
Has your family experience sudden family hardship?	Yes	No

If yes, please explain briefly: _____

I, _____, have completed this application on behalf of, _____.

I understand that this application does not guarantee a scholarship will be awarded. I certify that all of the information I have supplied is true and correct.

Parent/Legal Guardian

Date

For Office Use Only

Residency Verified: _____ Citizenship Verified: _____ Supporting Documents: _____

Denied: _____ Approved: _____ Date: _____ Amount: _____