# KTCCCA National Championship Grant



### Scholarship Application

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Applicant Information | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Last Name |  | | | | | | | First | |  | | | | | | | | | | M.I. | | | Date | |  | |
| Street Address |  | | | | | | | | | | | | | | | | | | | Apartment/Unit # | | | | |  | |
| City | | |  | | | | | State | |  | | | | | | | | | | ZIP | |  | | | | |
| Phone | | |  | | | | | E-mail Address | | | |  | | | | | | | | | | | | | | |
| Meet Applying for Travel Stipend | |  | | | | | | | | | | | | | | | Date of Meet | | | |  | | | | | |
| Planned method of travel | | | | Auto | | Air | | | | If car, using a rental or personal vehicle? | | | | | | | | | | | | | | Rent | | Own |
| Number of nights for hotel | | | | 1 | 2 | | | | 3 | What dates? | | | | | |  | | | | | | | | | | | | |
| Number of people traveling along | | | | ≤ 3 | | | > 3 | | | Estimated Mileage | | | |  | | | | | | | | | | | | |
| **Allowable expenses including meals, rooms, transportation for the athlete.** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Competitive Experience | | | | | | | | | | | | | | | | | | | | | | | | | | |
| High School |  | | | | | Address | | | |  | | | | | | | | | | | | | | | | |
| Coach |  | | | Years Competing | | | | | |  | | | Events | | | | | |  | | | | | | | | |
| Individual Accomplishments | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| Community Involvement | | |  | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Performance References | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please list three performances, with times, places, and meet name and location, that verify ability to compete in national competition | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Meet Name |  | | | | | | | | | | Location | | | | | | |  | | | | | | | | |
| Time and Place |  | | | | | | | | | | Event | | | |  | | | | | | | | | | | |
| Other Info |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Meet Name |  | | | | | | | | | | Location | | | | | | |  | | | | | | | | |
| Time and Place |  | | | | | | | | | | Event | | | |  | | | | | | | | | | | |
| Other Info |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Meet Name |  | | | | | | | | | | Location | | | | | | |  | | | | | | | | |
| Time and Place |  | | | | | | | | | | Event | | | |  | | | | | | | | | | | |
| Other Info |  | | | | | | | | | | | | | | | | | | | | | | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Previous Championship Experience (if Any, Can INclude State Championships) | | | | | |
| **Meet Name** |  | Year | |  | | |
| Time and Place |  | Event | |  | | |
| **Meet Name** |  | Year | |  | | |
| Time and Place |  | Event | |  | | |
| **Meet Name** |  | Year | |  | | |
| Time and Place |  | Event | |  | | |
| **Meet Name** |  | Year | |  | | |
| Time and Place |  | Event | |  | | |
| **Meet Name** |  | Year | |  | | |
| Time and Place |  | Event | |  | | |
| **Meet Name** |  | Year | |  | | |
| Time and Place |  | Event | |  | | |
|  | | | | | |
| Essay Response | | | | | |
| As part of the process for applying for funds from the KTCCCA for this championship experience, we require that you compose a 500 word essay about how running has affected your life. You may include experiences, coaches, mentors, and performances in your response. Your response should be grammatically correct and spell-checked. While we are not evaluating this response, we want to better understand your experience with track and field/cross country and what specifically has made it rewarding for you.  Please attach the essay with this completed form.    Following the event, you will be required to email a post event report on your experience at the event to [steeplecoach@gmail.com](mailto:steeplecoach@gmail.com) This report will be available for publication on the web for future athletes to review who are considering competing at the national level. | | | | | |
| Disclaimer and Signature | | | | | |
| I certify that I will use the funds received from the KTCCCA for travel and expenses to and from the national championship meet I have applied to attend, and any funds not documented in the post event report will be returned to the KTCCCA. | | | | | |
| Signature |  | | Date | |  |
| Parent/Guardian Signature |  | | Date | |  |
| Coach Signature |  | | Date | |  |
| Chaperone Signature  (if different than above) |  | | Date | |  |

Application is to be submitted to: **David St. Louis, 3419 Bellisima Pl Unit 102, Louisville, KY 40245**. Email: **steeplecoach@gmail.com**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| POST EVENT Travel Expense REPORT -to be submitted | | | | | | | | |
| To be submitted with receipts following event | | | | | | | | |
| Name |  | | | | | | | |
| E-mail |  | | | | | | | |
| Purpose |  | | | | | | | |
| Expenses | | Dates | Details | | | | | Amount |
| Transportation | |  | Air | Taxi | Rental car | | Other | $ |
|  | |  | Air | Taxi | Rental car | | Other | $ |
| Own car | |  | Mileage       Submit actual gas receipts | | | | | $ |
| Lodging | |  | Location | | | | | $ |
|  | |  | Location | | | | | $ |
|  | |  | Location | | | | | $ |
|  | |  | Location | | | | | $ |
| Meals | |  | (Not to exceed $40/day) | | | | | $ |
|  | |  | (Not to exceed $40/day) | | | | | $ |
|  | |  | (Not to exceed $40/day) | | | | | $ |
|  | |  | (Not to exceed $40/day) | | | | | $ |
|  | |  | Purpose | | | | | $ |
| Other | |  | Purpose | | | | | $ |
|  | |  | Purpose | | | | | $ |
|  | |  | Purpose | | | | | $ |
|  | |  | Purpose | | | | | $ |
| Subtotal-Actual Expenses | | | | | | | | $ |
| Travel Grant Amount | | | | | | | | $ |
| Travel Grant minus Actual Expenses | | | | | | | | $ |
| Signature | | | | | | Date | | |
|  | | | | | |  | | |

**Please attach receipts for all listed expenses, sign the form and send to: Frank Miklavcic KTCCCA 319 Erin Way Frankfort, Ky 40601**

**Please include check made payable to KTCCCA for difference if Travel Grant exceeds documented expenses.**