# KTCCCA National Championship Grant

### Scholarship Application

For those who are to receive the checks (parent, coach), an IRS W-9 form must be submitted to Frank Miklavcic by March 4.  Note, the athletes do not have to have qualified by this date, but this form must be submitted by this date for consideration for the grant and this submission is separate from the grant application. They can be emailed to [fmiklavcic2@gmail.com](mailto:fmiklavcic2@gmail.com)  or mailed to: KTCCCA Grant, 319 Erin Way, Frankfort, Ky 40601.   Absolutely no late submissions will be accepted.  If post-meet receipts/report are not presented, the individual receiving the check will receive a 1099 at the end of the year and have to pay taxes and the school will not be eligible for future grants.

**Deadlines**

Indoor     March 8 Checks out March 9 Link to IRS W-9 Form: <http://www.irs.gov/pub/irs-pdf/fw9.pdf>

Outdoor  June 13 Checks out June 14

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Applicant Information | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Last Name |  | | | | | | | | First | |  | | | | | | | | | | | | | M.I. | | | | Date | |  | | | |
| Street Address |  | | | | | | | | | | | | | | | | | | | | | | | Apartment/Unit # | | | | | |  | | | |
| City | | |  | | | | | | State | |  | | | | | | | | | | | | | ZIP | | | | | | |  | | |
| Phone | | |  | | | | | | E-mail Address | | | | |  | | | | | | | | | | | | | | | | | | | |
| Meet Applying for Travel Stipend | |  | | | | Event(s) Entered | | | | | |  | | | | | | | | | | | | | 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 track and field 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 [fmiklavcic2@gmail.com](mailto:fmiklavcic2@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: **Frank Miklavcic 319 Erin Way Frankfort Ky 40601** . Email: [fmiklavcic2@gmail.com](mailto:fmiklavcic2@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) | | | | | $ |
| Other | |  | Purpose | | | | | $ |
|  | |  | 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.

**Funding will go as follows:**

**-Qualifying individuals for Championship events at New Balance Indoor/New Balance Outdoor/USATF Junior Nationals can receive $250 for travel expenses if all requirements are met.**

**-Qualifying Relays for Championship events at New Balance Indoor/New Balance Outdoor can receive a total of $600 for travel expenses if all requirements are met.**

**-Qualifying individuals for Emerging Elite/Freshman events at New Balance Indoor/New Balance Outdoor can receive $150 for travel expenses if all requirements are met.**

**-Qualifying relays for Emerging Elite events at New Balance Indoor/New Balance Outdoor can receive $400 for travel expenses if all requirements are met.**

**-NO SCHOOL CAN RECEIVE MORE THAN $1500 IN TOTAL FUNDS**