

KJC "Jeff Wolfe" Youth Scholarship Application

Candid	ate's Full Name		Age	Birth Date	:/	/
Addres	S	City		State	Zip	
Home I	Phone(E-mail				
Primary	y Judo Club		Instructor's Name			
Current	Judo Rank		Years Practicing Judo			
deservi firm be charac the KJ players year ar Requir	ing judoka to attend Kok eliever in the benefits of juster and the motivation to C "Jeff Wolfe" Youth Scs. The amount of sponsor and the number of qualifies rements to Apply:		Volfe, for whom the and the role judo h nany young athletes nue his generosity an will depend on the	Fund is nam as in develop over the year nd support of amount raise	ned after, voing confiders and the Tyoung judged for each	was a lence, goal of do h given
1.	Attach a 500-1000 word essay expressing what Judo means to you. Describe how Judo effects your life and why you want to attend Kokushikai Judo Camp this year.					
2.	Candidates must be bet	ween the ages of 9 and 22.				
3.	Other than a parent or family member, include the name, telephone and e-mail of someone who may be contacted if there are any questions regarding the candidate's application. This person should know candidate's personal character through an area of academics, athletic performances, leadership, or community service.					
Indicate	e the name of the individua	d who may be contacted on	the Candidate's beha	lf:		
	Name		Relationship to	Candidate		

All applications must be received by August 1, 2017.

Recipients will be notified by phone or e-mail by August 5, 2017. Scholarship Funds will be applied directly to the Candidate's Camp registration. The Candidate is responsible for any registration balances that the sponsorship does not cover before the start of Camp, unless other arrangements have been made.

E-mail

Send the completed application with the Candidate's essay to:

KJC Jeff Wolfe Scholarship Fund c/o Kokushikai Judo Academy 24-28 Fair Lawn Ave. Fair Lawn, NJ 07410

Questions regarding this application can be directed to Tamara Hemingway at: tamarahemingway@gmail.com