



Date: _____

Scholarships

- Special Operations Scholarship
- Athletic Achievement Award
- Economic Outreach Scholarship

Personal Information

Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

E-mail: _____

- Applicant Status: New
 Transfer student from another martial arts school
 Other:

Experience Level (Please indicate your level of experience if transferring from another school.):

- Beginner (No formal martial arts training)
- Intermediate (1–2 years of martial arts training or that of a similar activity; e.g., boxing, wrestling, or kickboxing)
- Advanced (More than 2 years of martial arts training or that of a similar activity; e.g., boxing, wrestling, or kickboxing)

Emphasis Interest (Please check all that apply.):

- Thai Boxing
- Mixed Martial Arts
- Jiu-Jitsu
- Undecided

Educational Information

High School: _____

Year Graduated: _____ GPA: _____

City: _____ State: _____ Zip: _____

College: _____

Year Graduated: _____ GPA: _____

City: _____ State: _____ Zip: _____

Major Intended: _____ Minor Intended: _____

- Attendance: Full Time
 Part Time



Employment Information

Place of Employment: _____

Address: _____

City: _____ State: _____ Zip: _____

Supervisor Name: _____ Phone: _____

Position Description: _____

Family Financial Information (For Economic Scholarship Only)

- Under \$30,000
- \$31,000 to \$50,000
- \$51,000 to \$75,000
- \$76,000 to \$100,000
- Over \$100,000

Applicant's gross income (Parent or guardian if under the age of 18) \$ _____

Application Checklist

- Completed application form
- Letters of recommendation
- Personal Essay

Signature

I hereby certify that the information I have submitted as correct. I authorize the release of this information to members of the LINXX Academy Scholarship Committee and will provide additional information or verification upon request.

If granted the scholarship, I agree to the publication of my name and likeness by LINXX Academy of Martial Arts. I agree to the conditions established for this scholarship award by LINXX Academy.

Signature of Parent/Guardian: _____

Printed Name of Parent/Guardian: _____

Date Submitted: _____

Submission Information

Submit completed applications to: LINXX Academy of Martial Arts
1320 Kempsville Road
Virginia Beach, VA 23464
Phone: 757.495.7070
admin@linxxacademy.com