



Personal Information

First Name: _____ **Last Name:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____

E-mail: _____

Date of Birth: _____ **Age:** _____

- Applicant Status:** New student
 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 Jiu-Jitsu

Educational Information

School: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Highest Grade Completed: _____ **GPA:** _____

Currently in School: Yes No

Attendance: Full-Time Part-Time

Employment Information (of Parent/Guardian if Student is under the age of 18)

Place of Employment: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Supervisor Name: _____ **Phone:** _____

Position: _____



Please write a statement regarding your current financial situation in regards to this application:

Family Financial Information

- 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: Frank Cucci, President
LINXX Academy of Martial Arts
1320 Kempsville Road
Virginia Beach, VA 23464
Phone: 757.495.7070
E-mail: admin@linxxacademy.com