

Schilke-Novak Kids Sports Trust Grant Application



Scholarship assistance
for Fremont area youth
involved in:

Figure Skating
Hockey
Softball
Baseball
Basketball
Tennis
Golf
Boxing
Martial Arts

*The Schilke-Novak Kids Sports Trust
is a supporting organization of the*



Name of Child: _____

Street, City, Zip: _____

Phone Number: _____ Child's Age: _____

Sport Activity: _____

(must be one listed at left)

Nonprofit Sports Organization Providing the Program:

Name: _____

Street, City, Zip: _____

Amount Needed: _____

Use of Money: _____

Brief Statement as to Reason for Need: _____

Other Comments: _____

Date of Application: _____

Parent/Guardian/Other Sponsor: _____

Mail or deliver to Neil Schilke, 340 E. Military, Fremont, NE 68025

• All Information will be held in confidence. •