KID-FIT Business Scholarship Application

Name:_____Address:_____ Email:_____Phone:_____

Please type your answers within the space provided.

1. Explain why you would like to start a Virtual KID-FIT Business?

2. Why are you in need of a scholarship?

3. If you are not able to pay for the initial business license, how will you pay to set up your studio then submit the applicable monthly fee that totals \$169.97 per month?

 Are you willing to commit to the 2-year period with your business? That means you will need to sign the agreement on the <u>https://www.kid-fit.org</u> website located on the purchase page before training. 5. What experience do you have working with children ages 2-5?

- 6. What fitness experience do you have?
- 7. What is your own workout routine?

8. Where do you plan on soliciting business for virtual, live stream or in-person classes?

9. What business experience do you have?

10. On a scale of 1 to 10 (1=not very, 10=proficient), how comfortable are you with technology involved in Zoom meetings, using apps, streaming videos, etc.?

NOTE: Please save this document under another name once you have completed it and then check to make sure your answers are still intact before submitting to us. Send your completed application to: <u>msilence@kid-fit.org</u> for consideration. Please allow 2-3 weeks for a determination. We will contact you if we have further questions. Thank you!