

Novaro Youth Scholarship Application

Candidate's Full Name		Age	_Birth Dat	e/	_/
Address	City		State	Zip	
Home Phone()	E-mail				
Primary Judo Club		_Instructor's Name			
Current Judo Rank		_Current Jiujitsu Rank	ζ		
Under the Novaro Youth Scl Camp with complete tuition.	nolarship Fund, there will be	ten spaces available f	or to atten	d Kokushika	i Judo
Requirements to Qualify and	d Apply:				
1. On a separate sheet	of paper describe in 50-100 v	words what Judo or J	iujitsu mea	ns to you.	
letters should includ	recommendation from an adule a brief description of the can any area of academics, athle	andidate's outstandin	g personal	character an	nd how
3. Candidates must be	between the ages of 9 and 22				
Indicate the names of the indiv	vidual who wrote your letters o	f recommendation belo	ow:		
□ Name					
	First	La	st		

All application materials must be postmarked by **July 15, 2010**. Recipients will be notified of selection within two weeks after the application deadline.

Send completed application and accompanying letters of recommendation in a single packet to:

Novaro Youth Scholarship c/o Kokushikai, Inc P.O. Box 802 New York, NY 10024

Questions regarding this application can be directed to Celita Schutz, Camp Director of Kokushikai Judo Camp at:

Phone:1-877-KOKUSHI E-mail: info@kokushikai.com

1-201-420-4448