



**Orthopaedic Foundation for Active Lifestyles
After School Physical Activity Program Grant Awards Application**

Applicant Name: _____

Age Group:

- 6-8 years old
- 9 -13 years old
- 14-18 years old
- I am applying for the \$1,000 After School Program Award (no age restriction)

Address: _____

E-Mail Address: _____

Essay Options (Please attached separately):

Age	Prompt
6-8	In half a page, hand written, say what you love about your favorite after school activity.
9-13	In one-two pages, typed, state why you want to participate in any after school activity of your choice.
14-18	In two pages, typed, explain which specific afterschool activity you are interested in participating in and why.

For the \$1,000 award to help fund an after school program please submit an essay on why this particular program is unique. Describe the level of activity the program hopes to achieve. There are no specific guidelines regarding the kind of program as long as it encourages students to keep up an active lifestyle. Submissions in this category will also be accepted from a team leader or adult supervisor. Little League teams fall into this category as well.

All applications are due no later than March 1, 2011. Please note that there are no financial criteria to apply for these awards. One winner will be picked from each of the categories, and the winner will be informed by March 15, 2011.

Please mail applications to The Orthopaedic Foundation for Active Lifestyles; 31 River Road, Cos Cob, CT 06807. Completed applications can be faxed to 203-869-4040. Please include name, age, address, and e-mail. For more information please e-mail ofalsadmin@gmail.com.