



Scholarship Member Application

PRIMARY APPLICANT INFORMATION

OFFICE USE ONLY

FIRST NAME _____ LAST NAME _____ MIDDLE INITIAL _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

(□□□) □□□-□□□□
PHONE NUMBER

EMAIL _____

MARITAL STATUS SINGLE MARRIED DIVORCED WIDOWED

STATE _____ ID # _____ DL ID PASS SS

HOUSEHOLD MEMBERS

List all persons living in household starting with primary applicant. Please indicate if members are disabled or under foster care.

NAME (FIRST, LAST)	SEX	AGE	BIRTHDATE	RELATIONSHIP TO APPLICANT	CHECK ONE			YES OR NO	CHECK ONE		CHECK IF APPLIES		
					NEW MEMBER	CURRENT MEMBER WITHOUT SCHOLARSHIP	CURRENT MEMBER WITH SCHOLARSHIP	HAVE YOU BEEN AWARDED A SCHOLARSHIP IN THE PAST?	ADULT 18+	YOUTH 0-17	ADA	FOSTER CARE	
PRIMARY			--/--/--										
#1			--/--/--										
#2			--/--/--										
#3			--/--/--										
#4			--/--/--										
#5			--/--/--										
#6			--/--/--										
#7			--/--/--										
#8			--/--/--										
									TOTALS				

HOUSEHOLD FINANCES

List all household income per month for ALL PERSONS living with applicant for the past 30 DAYS. Include cash payments for "odd jobs". Mark sources of Income/Aid. Attach proof of Income for each item listed.

OFFICE USE ONLY - CHECK IF DOCUMENTATION ATTACHED	1. Gross Salary from Job	\$
	2. Gross Salary from Job	\$
	3. Gross Salary from other's Job	\$
	4. Gross Salary from other's Job	\$
	Unemployment Benefits	\$
	Retirement /Survivor Benefits SSI / SSA	\$
	Disability SSDI / SSI / VA	\$
	Child Support / Alimony	\$
	CAF Foster Care / Proctor Care	\$
	Public Assistance TANF / ATP / HUD	\$
	Food Stamps / SNAP	\$
College Room and Board	\$	
Other	\$	
OFFICE USE ONLY - GROSS MONTHLY INCOME		\$

Apart from financial hardship, please list any special circumstances or factors you would like us to consider. You may attach a letter if needed.



Scholarship Member Application

The Salvation Army Kroc Center is pleased to offer scholarship assistance to help provide access to this facility. It was Joan Kroc's vision and expectation that all individuals have equal opportunities to grow their natural gifts and talents. The Kroc Center, a world-class facility, allows just that; an equal opportunity for each person to discover and develop their natural gifts. We are delighted that you are interested in participating.

Please read carefully and follow these steps below to complete your scholarship application.

1. Applications that do not have at least one proof of income per adult living in the household or applications that do not include the accepted forms of income as deemed by the Scholarship Committee will not be reviewed.

The following are accepted forms of income verification for the membership scholarship program:

- Front page of most recent Federal 1040 tax return
- Paycheck stubs reflecting the most recent 30 days of income
- Social Security income benefit statement
- Unemployment benefit statement
- Disability income benefit statement
- Public assistance income benefit statement
- Child Support income

The following are NOT acceptable forms of income verification for the scholarship program and will not be considered:

- Bank statements
- Pay check stubs reflecting less than 30 days of income
- Personal Letters

APPLICANT INITIALS

2. Completion of application does not guarantee assistance. Scholarships will be awarded on eligibility, timeliness and available funding.

APPLICANT INITIALS

3. You may make your membership payment in one of the following ways: We require an automatic monthly withdrawal through your checking or credit card account. When you come in to complete your membership registration, please be prepared to pay for your first installment. Should you lapse on your payment schedule, we reserve the right to terminate the scholarship award.

APPLICANT INITIALS

4. Three autopay declines may result in termination of scholarship. Following the third autopay decline, scholarship members will have until the 1st of the month to make payment. Failure to make payment before the deadline will result in termination of the scholarship.

APPLICANT INITIALS

5. Scholarship recipients are expected to contribute financially toward the membership. Recipients will be asked to pay 75% or 50% of the monthly membership costs based on financial ability and other eligibility criteria. Registration fees are waived.

APPLICANT INITIALS

6. Lack of use or misuse of your membership may result in discontinued scholarship assistance.

APPLICANT INITIALS

7. Scholarships are valid for a 12 month period. You will be required to reapply at the end of the award period. A thirteenth month is automatically granted in order to give your application time for approval. Continued use will be dependent upon updated financial records and the frequency of previous use at the Kroc Center. If you are not awarded a scholarship upon reapplying, you may maintain your membership at standard membership rates. We will waive the registration fee should you choose to continue within 60 days of being notified.

APPLICANT INITIALS

8. All awards are confidential and applicants agree to refrain from discussing them with others.

APPLICANT INITIALS

Please sign below as verification of your understanding and acceptance of the Kroc Scholarship Member Agreement

Signature _____ Date _____

Scholarships are awarded monthly. All scholarships collected from the first through the last of each month will be processed the following month. If approved, the scholarship will be valid for 12 months starting the month following approval.

EXAMPLE TIMEFRAME	Month Submitted	Processing Period	Award Letters Mailed By	Membership Term
	January	February	February 25th	March 1st–February 28th