

CONFIDENTIAL

Scholarship Application



RAY & JOAN
KROC
CORPS COMMUNITY CENTER
GRAND RAPIDS, MI

ADMINISTRATIVE USE ONLY

_____ Renewal
Expiration Date _____
Member # _____

KROC CENTER SCHOLARSHIP PROGRAM

The Salvation Army Kroc Center offers a scholarship program to help provide greater access to membership to this facility. Our mission is to share the love of Jesus Christ by providing life-changing spiritual, educational and wellness experiences.

- Scholarship applications are accepted based on availability and applicant eligibility.
- The Salvation Army Kroc Center does not grant 100% scholarships.
- Scholarships are awarded for a 12 month period. You will then be required to reapply with updated financial information.
- Please provide copies of all documents. We cannot accept originals or make copies of financial information.
- For security purposes, please black out all social security and bank account numbers.

APPLICANT INFORMATION

NAME (FIRST, M.I., LAST) _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

MAIN PHONE _____ OTHER PHONE _____

BIRTHDATE (MM/DD/YY) _____

EMAIL _____ EMPLOYER _____

ALL PERSONS LIVING IN HOUSEHOLD

Do you share expenses? YES NO
Total number of people in household: _____

PARENT/ADULT NAME	BIRTHDATE	RELATIONSHIP TO APPLICANT
_____	_____	_____
_____	_____	_____
DEPENDENT NAME	BIRTHDATE	RELATIONSHIP TO APPLICANT
_____	_____	_____
DEPENDENT NAME	BIRTHDATE	RELATIONSHIP TO APPLICANT
_____	_____	_____
DEPENDENT NAME	BIRTHDATE	RELATIONSHIP TO APPLICANT
_____	_____	_____
DEPENDENT NAME	BIRTHDATE	RELATIONSHIP TO APPLICANT
_____	_____	_____

I AM APPLYING FOR

- ADULT MEMBERSHIP
- FAMILY MEMBERSHIP*

*FAMILY MEMBERSHIP DEFINITION

A family membership type is for up to two (2) related adult (18+) individuals and their dependent children up to age 26 sharing a residence. Verification of home address is required for everyone 18+ years of age. Acceptable forms of verification include a state ID, pay stub, tax form, health insurance. Handwritten letters or subscriptions are not acceptable.

Scholarship Application



INCOME DOCUMENTATION

REQUIRED: **FEDERAL 1040 TAX RETURN** _____ **RECEIVED**

Applications submitted with Federal 1040 tax return will be **reviewed same day**. If applicant meets income guidelines, scholarship will be awarded and membership can begin immediately.

Applications received without Federal 1040 tax return will be reviewed within 30-60 days and must be submitted with the following proof of income:

ALL APPLICANTS

Provide all that apply:

- Social Security Administration Letter
- Unemployment Statement
- Retirement
- Pension
- TANF (Temporary Assistance to Needy Families)
- Foster Care Subsidiary Letter
- Student Loan Disbursement Letter
- Child Support
- Alimony
- Any other income that pays expenses

FINANCIAL ASSISTANCE

I/We Receive:

- Cash Assistance (FIP, RCA)
- Housing Assistance (HAP)
- Food Assistance (FAP, SNAP)

EMPLOYED

Provide the following:

- Two consecutive pay stubs for EACH wage earner, showing gross income.

WORKSHEET

	ADULT #1	ADULT #2	DEPENDENTS
2 Most Current Pay Checks	\$ _____	\$ _____	\$ _____
Child Support/Alimony	\$ _____	\$ _____	\$ _____
Social Security Benefit	\$ _____	\$ _____	\$ _____
Unemployment	\$ _____	\$ _____	\$ _____
Self-Employed	\$ _____	\$ _____	\$ _____
Other Income	\$ _____	\$ _____	\$ _____

APPLICANT ACKNOWLEDGMENT

Please sign as acknowledgment of your understanding and acceptance of the Kroc Center scholarship program.

PRINT NAME _____

SIGNATURE _____

DATE _____