

CONFIDENTIAL

Program 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 program scholarships to help provide greater access to our programs. Our mission is to share the love of Jesus Christ by providing life-changing spiritual, educational and wellness experiences.

- Program scholarships are awarded based on availability and applicant eligibility.
- Program scholarships are available during each program guide season (Fall, Winter, Spring/Summer). An individual may apply once per program guide season and if eligible, receive one program discount for that program guide season.
- Once approved, individuals will be sent a customized coupon that can only be redeemed for the individual the coupon was awarded to. The coupon can be redeemed for any session in the current program guide season. Coupons must be redeemed at the Welcome Desk and will not be available online. Coupon must be presented at the time of registration to redeem scholarship.
- All program deadlines, related fees, and capacities apply.
- Scholarship applications are due one month (stamped and received) before the desired session's registration deadline.
- For security purposes, please black out all social security and bank account numbers. All of the applicant's financial information is kept confidential.

I am applying for: MYSELF MY CHILD MY FAMILY

APPLICANT INFORMATION

NAME (FIRST, M.I., LAST)		<input type="radio"/> NON MEMBER	<input type="radio"/> MEMBER #
ADDRESS			
CITY	STATE	ZIP	
MAIN PHONE		OTHER PHONE	
BIRTHDATE (MM/DD/YY)			
EMAIL		EMPLOYER	

ALL PERSONS LIVING IN HOUSEHOLD SEEKING PROGRAM SCHOLARSHIP

NAME	BIRTHDATE	RELATIONSHIP TO APPLICANT
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
DEPENDENT NAME	BIRTHDATE	RELATIONSHIP TO APPLICANT

1) Have you ever applied for a membership scholarship before?

- YES NO UNSURE

2) Are you currently on a membership scholarship?*

- YES NO UNSURE

If you answered yes to question #2, no further documentation is needed. If no, please **complete the reverse side** and submit with proof of income. Incomplete applications will not be considered.

Program Scholarship Application



INCOME DOCUMENTATION

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

Applications submitted with Federal 1040 tax return will be **reviewed first**.

Applications received without Federal 1040 tax return will be reviewed 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 Paychecks	\$ _____	\$ _____	\$ _____
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 _____