

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 the share the love of Jesus Christ by providing life-changing spiritual, educational and wellness experiences.

APPLICANT INFORMATION (PLEASE PRINT CLEARLY)

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

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ CELL PHONE _____ WORK PHONE _____

BIRTHDATE (MM/DD/YYYY) _____

EMAIL _____

SECOND ADULT (IF APPLICABLE)

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

BIRTHDATE (MM/DD/YYYY) _____

EMAIL _____

DEPENDENTS LIVING AT HOME

NAME _____	BIRTHDATE _____	<input type="checkbox"/> M	<input type="checkbox"/> F
NAME _____	BIRTHDATE _____	<input type="checkbox"/> M	<input type="checkbox"/> F
NAME _____	BIRTHDATE _____	<input type="checkbox"/> M	<input type="checkbox"/> F
NAME _____	BIRTHDATE _____	<input type="checkbox"/> M	<input type="checkbox"/> F
NAME _____	BIRTHDATE _____	<input type="checkbox"/> M	<input type="checkbox"/> F

I AM APPLYING FOR

ADULT MEMBERSHIP

FAMILY MEMBERSHIP*

SENIOR 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.

****SENIOR MEMBERSHIP DEFINITION**
Senior membership is for individuals 65 years and older.

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EMPLOYMENT (SELF) CURRENTLY EMPLOYED NO YES

EMPLOYER'S NAME _____ EMPLOYER'S PHONE _____

INCOME \$ _____ ANNUAL MONTHLY BI-WEEKLY WEEKLY

(Please attach **copies** of two (2) most recent check stubs **OR** Federal 1040 (first two (2) pages only).)

EMPLOYMENT (SECOND ADULT) CURRENTLY EMPLOYED NO YES

EMPLOYER'S NAME _____ EMPLOYER'S PHONE _____

INCOME \$ _____ ANNUAL MONTHLY BI-WEEKLY WEEKLY

(Please attach **copies** of two (2) most recent check stubs **OR** Federal 1040 (first two (2) pages only).)

GOVERNMENT ASSISTANCE DO YOU RECEIVE ANY GOVERNMENT ASSISTANCE? NO YES

If, yes please indicate below:

Cash Assistance (FIP, RCA) \$ _____

Housing Assistance (HAP) \$ _____

Food Assistance (FAP, SNAP) \$ _____

ALL APPLICANTS

All adults (18+) in the household who receive income must show proof of income. Provide copies of all that apply:

- Two (2) most recent pay stubs
- Child support printout
- Social Security income documents
- Pension
- Food Stamp printout
- Housing assistance letter
- VA benefit letter
- TANF printout
- Alimony
- Any other income documents

SUPPORTING DOCUMENTS MUST BE COPIED. We will NOT make copies for any reason.

Picture ID for all adults and birth certificates for all children on the membership are required. Please note that if you are not receiving any type of income you will not qualify for a scholarship. Scholarship members are responsible for at least 50% of the membership cost. The completion of an application does not guarantee assistance. Scholarships will be awarded based on eligibility, funding and space available.

APPLICANT ACKNOWLEDGMENT

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

PRINT NAME _____

SIGNATURE _____ DATE _____