

Class Scholarship Verification Form



RAY & JOAN
KROC CENTER
COEUR D'ALENE, ID

*USE ONE FORM PER PERSON

MEMBER/GUEST INFORMATION

PARTICIPANT'S NAME (FIRST, MIDDLE LAST)

BIRTHDATE:

MEMBERSHIP CARD #

PARENT/GUARDIAN(S) NAME IF APPLICABLE:

INCOME INFORMATION

Program scholarship award is based on household income.

NUMBER OF PEOPLE IN HOUSEHOLD: _____

COMBINED ANNUAL GROSS INCOME: _____

ARE THERE ANY CIRCUMSTANCES OR STRESS FACTORS THAT INCREASE THE NEED FOR A SCHOLARSHIP APART FROM THE FINANCIAL NEED?

FRONT DESK USE ONLY

STAMP

APPROVED FOR: **50% CLASS SCHOLARSHIP**

APPROVED BY: _____

DATE: _____

NOTES:
