

# Class Scholarship Request Form



\*USE ONE FORM PER HOUSEHOLD

## CLASS INFORMATION

Use this area for multiple classes and attendee's in the same household.

CLASS #	NAME OF CLASS	CLASS DATE	CLASS TIME	COST	NAME OF ATTENDEE	BIRTHDATE	GENDER

## PERSONAL CONTACT INFORMATION

Please complete this form as the first step in requesting/seeking scholarship support toward a Kroc Center Program or Class. You will receive an email and or phone call within one business week of receiving the completed form. Incomplete forms will be returned prior to review, for completion and re-submission.

PARENT/GUARDIAN NAME, IF UNDER 18

PHONE \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

ARE YOU A KROC MEMBER?     YES  NO

HAS THE ATTENDEE OR FAMILY MEMBER RECEIVED A SCHOLARSHIP IN THE PAST?     YES  NO

## INCOME INFORMATION

Program scholarship award is based on household income and request explanation.

ANNUAL HOUSEHOLD INCOME:

*Please attach current documents to verify each source of income, unless currently on scholarship. Applications without proof of income cannot be processed. (unless currently on scholarship)*

REASON FOR REQUEST: (PLEASE LIST ANY SPECIAL CIRCUMSTANCES YOU WOULD LIKE US TO KNOW)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I declare that all information on this form is true. This application and required income documentation are confidential information and will be used only for scholarship recommendations by the Scholarship Review Committee.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**FOR STAFF USE ONLY**

APPROVED                       NOT APPROVED                       % OFF

**NOTIFIED OF THE FOLLOWING:**     FILL OUT PROGRAM ENROLLMENT FORM                       HEALTH & LIABILITY WAIVER

PHONE CALL DOES NOT GUARANTEE SPOT IN THE CLASS, MUST REGISTER AT THE FRONT DESK AND SUBMIT PAYMENT

DATE & TIME \_\_\_\_\_