

SCHOLARSHIP PROGRAM

____A/____C

The Salvation Army Ray & Joan Kroc Center is pleased to provide this scholarship program to help provide access to The Kroc Center. It was Joan Kroc's vision and expectation that all individuals have equal opportunities to grow their natural gifts and talents.

First Name (Printed): _____

Last Name (Printed): _____



The Kroc ministry staff and scholarship program manager look forward to connecting Scholarship recipients with opportunities in family and community education opportunities and personal enrichment program opportunities. We are here to help you connect and to answer any questions recipients may have.

1. Completion of application does not guarantee assistance. Scholarships will be awarded based on eligibility.
2. An adult membership begins at the age of 19. A family membership is defined as a household with 1 or 2 adults (19 or over) and minor legal dependents living in that household. The two exceptions are as follows: If the third adult is disabled and is legally dependent on the adults in the household or if the third adult is elderly and is physically, emotionally, or legally dependent on the adults in the household. Proof of dependence is required for scholarship approval.
3. Scholarships for individuals and families are the same as regular membership categories. (The same rules and policy requirements apply to a scholarship membership). Categories are: Youth, Adult, Family (up to 5), Family (6+ members), Family Plus (up to 5), Family Plus (6+ members), Senior.
4. Scholarship recipients will be eligible for program scholarships up to 50% discount. In order to determine eligibility, please complete and submit a Program Scholarship Request Form available at the front desk and allow up to 1-week for processing. Kroc Staff will notify the member upon qualification.
5. A fee will be incurred for any membership changes.
6. If your scholarship lapses more than 90 days without payment, you will need to back-pay or reapply and if approved attend a scholarship orientation.
7. If at any time during your scholarship year, you no longer need a scholarship due to financial income changes, please switch to a regular membership, thus allowing another person/family in need to take advantage of the scholarship opportunity.
8. Scholarships are valid for one year. A year from your starting date, you will have the opportunity to reapply for a scholarship. As part of the eligibility requirements to re-apply, all scholarship applicants must have obtained two Life Skills credits OR opt into Facility Usage requirements. A life skills & facility usage completion form must be submitted for credit prior to re-applying. You can download the form and learn more about the re-application process at kroccda.org/scholarships.

INITIAL BELOW

Scholarship Application



By providing the following information this allows The Salvation Army Kroc Center to process your scholarship request. This information also helps us get to know you, so we can give you the opportunities to learn about the large variety of activities, education classes, and personal enrichment programs here at The Kroc Center.

Name (Printed) _____

Date _____

SHORT ANSWER QUESTIONS

Are there any circumstances or stress factors that increases the need for a scholarship apart from financial need?

By joining The Kroc Center, how do you hope this will positively impact you and your family?

Is there anything else you would like to share?

Is there anything you'd like our prayer team to pray for? May our ministry team contact you? YES NO

We value our members and desire that you benefit from the programs, opportunities and community available at The Salvation Army Kroc Center. Therefore, we do hope the scholarship will be used. If your membership becomes inactive, we reserve the right to terminate the scholarship (or it may result in revoking of the scholarship). Your signature below indicates that you agree to the scholarship program policies and verify that all information is correct.

APPLICANT SIGNATURE _____

DATE _____

HOUSEHOLD INCOME

Please complete this brief monthly budget outline. Include a copy of your current Federal 1040/1040A tax form for all adults listed.

MONTHLY EXPENSES		MONTHLY INCOME (GROSS)	
RENT	\$	WAGE	\$
UTILITIES	\$	UNEMPLOYMENT	\$
FOOD	\$	CHILD SUPPORT	\$
PHONE	\$	SS INCOME	\$
CREDIT CARD PAYMENTS	\$	PUBLIC ASSISTANCE	\$
CAR PAYMENTS	\$	VA BENEFITS	\$
INSURANCE	\$	SS DISABILITY	\$
CHILD SUPPORT	\$	ALIMONY	\$
CHILD CARE	\$	IRA, PENSIONS & ANNUITIES	\$
OTHER _____	\$	FOOD STAMPS	\$
OTHER _____	\$	OTHER NON TAXABLE & TAXABLE INCOME	\$
TOTAL	\$	TOTAL	\$

MONTHLY INCOME TOTAL X 12= ANNUAL HOUSEHOLD INCOME

\$

VERIFIED BY KROC PERSONNEL _____

I/we are not legally required to file income tax returns. We are providing proof of all non taxable & taxable income.

Signature _____

Date _____

The following are NOT acceptable forms of income verification for the scholarship program and will not be considered: **Bank Statements, Paycheck Stubs reflecting less than 30 days of income and Personal Letters.**

Scholarship Application



ADULT AND FAMILY MEMBERSHIP INFORMATION

Use this section for individual adult, senior, or family memberships. To qualify for family membership, second adult and household members must reside in same household with primary adult.

PRIMARY ADULT

NAME (FIRST, MIDDLE, LAST) VETERAN YES NO

CELL WORK PHONE

EMAIL BIRTHDATE MALE FEMALE

CHECK HERE, TO OPT-OUT OF EMAILS ABOUT UPCOMING CLASSES, EVENTS & CLOSURES.

SECOND ADULT

NAME (FIRST, MIDDLE, LAST) VETERAN YES NO

CELL WORK PHONE

EMAIL BIRTHDATE MALE FEMALE

CHECK HERE, TO OPT-OUT OF EMAILS ABOUT UPCOMING CLASSES, EVENTS & CLOSURES.

HOUSEHOLD INFORMATION

ADDRESS

CITY STATE ZIP

HOME PHONE

MAILING ADDRESS *If different than household address*

ADDRESS

CITY STATE ZIP

ADDITIONAL HOUSEHOLD MEMBERS LISTED ON MEMBERSHIP

(please attach additional form for more household members)

#1 HOUSEHOLD MEMBER: NAME (FIRST, MIDDLE, LAST)

BIRTHDATE (MM/DD/YY) MALE FEMALE

RELATIONSHIP TO PRIMARY ADULT

#2 HOUSEHOLD MEMBER: NAME (FIRST, MIDDLE, LAST)

BIRTHDATE (MM/DD/YY) MALE FEMALE

RELATIONSHIP TO PRIMARY ADULT

#3 HOUSEHOLD MEMBER: NAME (FIRST, MIDDLE, LAST)

BIRTHDATE (MM/DD/YY) MALE FEMALE

RELATIONSHIP TO PRIMARY ADULT

SCHOLARSHIP RENEWAL?

YES NO

MEMBERSHIP TYPE

DATE (MM/DD/YY)

CHOOSE ONE MEMBERSHIP PLAN:

SILVER GOLD

RECOVERY CENTER ADD ON, AGES 18+

(Recovery Center is full price, no scholarship discount)

YES NO

1. NAME

2. NAME

3. NAME

4. NAME

CHOOSE YOUR MEMBERSHIP TYPE(S):

ADULT (19-64 YEARS) SENIOR (65+ YEARS)

YOUTH (AGES 0-18)

FAMILY I (UP TO 5 MEMBERS)

FAMILY II (6+ MEMBERS)

FAMILY GOLD PLUS (UP TO 5 MEMBERS)

FAMILY GOLD PLUS (6+ MEMBERS)

EMERGENCY CONTACT & PICK UP AUTHORIZATION

1. NAME

RELATIONSHIP

CELL PHONE

EMERGENCY PICK UP AUTHORIZATION

2. NAME

RELATIONSHIP

CELL PHONE

EMERGENCY PICK UP AUTHORIZATION

YOUTH MEMBERSHIP *(Use this section for individual youth memberships)*

MEMBER INFORMATION

NAME (FIRST, MIDDLE, LAST)

BIRTHDATE (MM/DD/YY) MALE FEMALE GUARDIAN EMAIL

HOUSEHOLD INFORMATION

ADDRESS CITY STATE ZIP

HOME PHONE

GUARDIAN INFORMATION

GUARDIAN #1 (FIRST/LAST) CELL PHONE WORK PHONE

GUARDIAN #2 (FIRST/LAST) CELL PHONE WORK PHONE

MEMBERSHIP PAYMENT INFORMATION

The goal of The Salvation Army Kroc Center is to offer convenient payment methods. Please choose between the options listed below.



10000057

INTERNAL USE:
ATTACH RECEIPT

I PREFER ANNUAL PAYMENTS

Member pays twelve (12) months of dues in one payment. Your expiration date will be one year from your joining date. Near the expiration of your current membership term, we will send you a renewal notice including the amount of dues for the next 12 month term. **I understand annual payments are non-refundable. MEMBER INITIALS:** _____

I PREFER QUARTERLY PAYMENTS

DATE SCHOLARSHIP REDEEMED:

I agree to come into The Kroc Center and pay my quarterly payment every three months from the date above. I understand that if I allow my scholarship to lapse more than 30 days without payment, I will need to back-pay or reapply for a scholarship by attending a scholarship orientation. **MEMBER INITIALS:** _____

I HAVE A PAYEE AS MY FINANCIAL MANAGER

PAYEE NAME _____

PHONE _____

I authorize The Kroc Center personnel to contact my payee to set up payment. I understand that if my scholarship lapses without payment for more than 30 days, I will need to back-pay or reapply for a scholarship by attending a scholarship orientation.

I PREFER MONTHLY PAYMENTS

OPT 1: AUTOMATIC MONTHLY ON VISA/MC/AMEX/DISCOVER

I authorize The Salvation Army Ray & Joan Kroc Center to charge my credit card monthly indicated below. This is an automatic withdrawal system where payment of membership dues are regularly charged to the member's bankcard around the 20th of each month—for the next month's dues. Any debit request in process at the time we receive the notice of termination of authority will be completed. This authorization is to remain in full force and effect until The Salvation Army Kroc Center has received written notification from me of its termination in such time and in such manner as to afford The Salvation Army Kroc Center and any involved financial institutions a reasonable opportunity to act on it (minimum of 10 business days).

NAME (AS IT APPEARS ON CARD) _____

LAST 4 DIGITS ON CARD _____

CARD EXPIRATION DATE _____

SIGNATURE _____

DATE _____

OPT 2: MONTHLY ELECTRONIC FUNDS TRANSFER

By signing, I give The Salvation Army Kroc Center authorization to deduct monthly dues directly from the provided bank account at my financial institution. I understand that all debits from my bank account will be conducted around the 20th of the current month for the next month. Any debit request in process at the time we receive the notice of termination of authority will be completed. This authorization is to remain in full force and effect until The Salvation Army Kroc Center has received written notification from me of its termination in such time and in such manner as to afford The Salvation Army Kroc Center and any involved financial institutions a reasonable opportunity to act on it (minimum of 10 business days). Returned EFTs will incur a \$20.00 fee.

NAME OF BANK ACCOUNT HOLDER _____

BANK NAME _____

ACCOUNT # _____

TRANSIT/ABA NO. (FIRST 9 DIGITS ON CHECK) _____

SIGNATURE _____

DATE _____

PLEASE PROVIDE VOIDED CHECK WITH THIS APPLICATION.

1. Membership cancellations or changes to automatic payment must be submitted in writing by the 10th of the month to be effective for the following auto payment.

MEMBER INITIALS: _____

2. Membership fees and dues are non-refundable.

MEMBER INITIALS: _____

3. I understand my first automatic payment is on: _____

MEMBER INITIALS: _____

4. The secondary adult is allowed to make changes to our membership plan.

MEMBER INITIALS: _____

TERMS OF MEMBERSHIP

By signing this Membership Application, I (we) agree to the following: (1) member and any guests in his/her party will abide by the terms of this Agreement at all times during the period of membership and will comply with all rules and regulations posted or otherwise communicated to member, (2) in case of illness or injury, The Salvation Army Kroc Center is authorized to secure emergency medical treatment at the member's expense, (3) The Salvation Army Kroc Center reserves the right to remove from the facility or terminate the membership of any member who fails to comply with any posted rules and regulations or otherwise breaches the terms of this Agreement, in which case member will not be entitled to a refund of dues, (4) membership rights are not transferable, and (5) grant permission for The Salvation Army Kroc Center to make visual recordings of all individuals listed on this form for its responsible use.

LIABILITY WAIVER - Please read this Waiver carefully as it affects your legal rights in the event of an injury, contraction of a communicable disease, infection and/or damage to property. By signing this document you are representing that you have read, understood and agree to be bound by the Terms of this Waiver. I understand that entry into and use of the facilities and equipment at The Salvation Army Kroc Center may involve risk of bodily injury, property damage, contraction of a communicable disease and/or contraction of a viral or bacterial infection and I agree to assume any such risks. I understand that it is up to me to consult physicians and other professionals to make sure that I (or the minor for whom I sign) can safely participate in activities and events at The Salvation Army Kroc Center. I also understand and agree that by signing this Agreement, I am giving up my (or the minor for whom I sign is giving up) rights to make any claim or file a lawsuit and/or action against The Salvation Army, its agents, employees and volunteers, including, but not limited to, the right to bring a claim against or sue them, for bodily injury, property damage, contraction of a communicable disease and/or contraction of a viral or bacterial infection of any type and/or any other loss that I might suffer while using The Salvation Army Kroc Center facilities and services, except as limited by law.

CONSENT TO TAKE AND PUBLISH PHOTOGRAPHS, VIDEO, AUDIO, AND MEDIA RECORDINGS - I hereby grant The Salvation Army, its agents and those by whom it is commissioned, unrestricted and unlimited license, right, permission, and consent to use and reuse, copyright, print, reproduce, publish, and republish, for any and all trade purposes or commercial or other advertising or public purposes, said media usage depicting me or a minor for whom I have legal responsibility. I warrant that I have not limited or restricted the use of my name or photograph to the use of any organization or person.

NOTICE - In order to promote a safe and secure environment, The Salvation Army Kroc Center has placed video cameras in various locations. As part of our commitment to the safety of children and vulnerable persons, The Salvation Army Kroc Center reserves the right to consult public sources to determine whether any member or guest of any member poses an unreasonable risk of harm to its patrons, staff, or visitors.

CLASS AND PROGRAM CANCELLATIONS - Full payment is expected at the time of enrollment. No cash refunds are given unless the program is cancelled by The Kroc Center. The Kroc Center will determine if a class needs to be cancelled due to low enrollment 48 hours prior to the start of class. If the program is cancelled by The Kroc Center, you will be given the choice of a full credit or a cash refund. If you request to cancel your class enrollment five or more days prior to the first class, you will receive a full credit on a Kroc Center gift card minus a \$5 processing fee or you may choose to transfer to another session if available. Requests made less than five days prior to the start date are not eligible for a refund or credit, except in the case of personal emergencies. No credits or pro-rated credits will be issued for missed days of camp or class due to illness, partial attendance, behavior issues, or any other reason. Cancellation of a personal or group coaching session requires 24-hours notice.

MEMBER/PARENT/GUARDIAN SIGNATURE _____

DATE _____

FOR INTERNAL USE ONLY: ACCEPTED BY _____

ENTERED BY _____

DATE _____

INITIAL PAYMENT:

\$ _____