



SCHOLARSHIP APPLICATION

LIMITED INCOME - Eligibility Form

PRIMARY ADULT

NAME (FIRST, MIDDLE, LAST) _____

CELL PHONE _____ WORK PHONE _____

EMAIL _____ BIRTHDATE _____ MALE FEMALE

SECOND ADULT (Must Live in the Same Household)

NAME (FIRST, MIDDLE, LAST) _____

CELL PHONE _____ WORK PHONE _____

EMAIL _____ BIRTHDATE _____ MALE FEMALE

HOUSEHOLD INFORMATION

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____

Answer the following if client is part of a household that is being served.

HOUSEHOLD TYPE (CHECK ONE)

- Female single parent
- Male single parent
- Married couple with children
- Married couple without children
- Unmarried couple with children
- Unmarried couple without children
- Related caregiver with legal custody
- Related caregiver without legal custody
- Unrelated caregiver with legal custody
- Unrelated caregiver without legal custody
- Extended family
- Single

EMERGENCY CONTACT INFORMATION

NAME: _____

CELL: _____

ALT PHONE: _____

RELATIONSHIP: _____

Please List All Additional Household Members: If they have Income-Verification MUST be Provided to add them to your Membership; otherwise skip this section and leave blank.

➤	FirstName _____	Last Name _____	
	Age _____	Birthdate _____	Check One: Has Monthly Income (Yes)____(No) ____
➤	FirstName _____	Last Name _____	
	Age _____	Birthdate _____	Check One: Has Monthly Income (Yes)____(No) ____
➤	FirstName _____	Last Name _____	
	Age _____	Birthdate _____	Check One: Has Monthly Income (Yes)____(No) ____
➤	FirstName _____	Last Name _____	
	Age _____	Birthdate _____	Check One: Has Monthly Income (Yes)____(No) ____

This Section to be Completed by Authorized Kroc Center Staff Only.

KROC Membership Type(s) : _____

Scholarship Award Amount: % _____ Registration Fee: WAIVED

Approved By:

Signature _____ Date _____

Current Membership Rate: \$ _____ \$ _____

Scholarship Amount: -- \$ _____ -- \$ _____

Member Monthly Payment \$ _____ \$ _____

KROC CORPS COMMUNITY CENTER VISION STATEMENT

In keeping with the mission of the Salvation Army, The Ray and Joan Corps Community Center provides facilities, programs and services that strengthen, encourage, and enrich children, adults and seniors through positive life-changing experiences.



The Salvation Army Ray & Joan Kroc Corps Community Center is please to provide a 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.

NAME (PRINTED)

INITIAL
BELOW

 SCHOLARSHIP PROGRAM POLICIES

INCOME/EXPENSE MONTHLY REPORT

Please fill out the following for the previous month

HOUSEHOLD INCOME SOURCE	MONTHLY DOLLAR AMOUNT
Salary/wages from the past 4 weeks	
Unemployment Insurance	
Social Security Retirement Income	
Pensions	
TANF	
SSI	
SSDI	
Child Support	
Kinship Care	
State Caretaker Supplement	
Tribe Per Capita Payments	
Workers Compensation	
Veteran Disability	
Veteran Wages	
Other	
No Financial Resources at this time.	
EXPENSE SOURCE	MONTHLY DOLLAR AMOUNT
Rent/Mortgage	
Utilities (Gas & Electric)	
Water	
Food	
Home Phone / Cell Phone	
Cable	
Day Care	
Child Support	
Car Payments	
Insurance	
Credit Cards	
Loans	
Medical Bills	
Education	
Other	

PLEASE READ AND INITIAL EACH PARAGRAPH.

_____ ALL DOCUMENTS MUST BE TURNED IN WITH THE SCHOLARSHIP APPLICATION. IF REQUIRED DOCUMENTS ARE NOT SUBMITTED, IT WILL DELAY THE APPLICATION REVIEWING PROCESS. **(Information and income for every household member must be submitted to determine eligibility)**

_____ THE SCHOLARSHIP PERCENTAGE BENEFIT IS DETERMINED BY, BUT NOT LIMITED TO- VERIFIED HOUSEHOLD INCOME, HARDSHIP OR CURRENT ECONOMIC CIRCUMSTANCES. SCHOLARSHIP RECIPIENTS ARE REQUIRED TO FINANCIALLY CONTRIBUTE TO THE Membership Dues. RECIPIENTS WILL PAY 25%, or 50% OF THE MONTHLY MEMBERSHIP FEE. **Autopay required.**

_____ SCHOLARSHIPS ARE BASED ON FINANCIAL ELIGIBILITY AND MUST BE RENEWED THROUGH INCOME VERIFICATION EACH YEAR. No Changes to the Membership May be made. **Adding additional members is not permitted without re-applying and approval of eligible dependent(s).**

_____ THE SCHOLARSHIP IS NON-TRANSFERABLE AND LIMITED TO THE APPROVED PRIMARY APPLICANT SCHOLARSHIP APPROVALS HAVE NO CASH VALUE.

_____ ALL RECIPIENTS MUST ABIDE BY THE SALVATION ARMY SUISUN KROC CENTER BEHAVIORAL AND SAFETY GUIDELINES AT ALL TIMES.

_____ PROGRAM NON-COMPLIANCE WILL RESULT IN TERMINATION AND DISENROLLMENT.

DOCUMENTATION

REQUIRED: You must bring in your original documents for staff to process your application.

- *Valid ID for ages 18 and up. (Driver's License or State ID)
- *Proof of income: 3-4 weeks of most recent paystubs and tax Form 1040.
- *Birth Certificate for minor children.
- * Proof of address (if different than on ID)

By signing below, I attest the information provided is true and correct to the best of my knowledge.

Signature

Date