



KROC
CENTER

HAWAII

KrocCenterHawaii.org

THE SALVATION ARMY RAY & JOAN
KROC CORPS COMMUNITY CENTER

91-3257 Kualakai Parkway

Ewa Beach, HI 96706

Main: (808) 682-5505

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Membership Scholarship Program - How to Apply

The Salvation Army Ray and Joan Kroc Corps Community Center Hawaii is pleased 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.

- 1. Complete the attached Scholarship Application and a Membership Application or pick one up from the Kroc Center Hawaii Member Services desk.**
- 2. Complete the scholarship and membership applications (even if you are already a member).** Note: The Salvation Army is committed to the safety and wellbeing of children; background checks will be completed on all adults on the scholarship application.
- 3. Attach copies of all household income verification documents.** From the list below please provide any documents that best reflect your current gross household income and your COVID related needs. Example: 2 pay stubs for all working adults in the household, or statements reflecting unemployment, social security, disability, food stamps, etc...
- 4. Submit your completed application and financial documents to HKroc.scholarships@usw.salvationarmy.org or drop off to the Kroc Center Member Services Desk in a sealed envelope attention to Leslie Moody, Family Services Dept. **Incomplete applications will not be accepted.**** Please be sure to answer all questions, attach supporting documents and sign wherever indicated. If you qualify for a scholarship your application will be forwarded to the selection committee for review. If you are selected, you will be contacted by the Family Services Department for further instructions.
- 5. Application Deadline – applications will be processed on a first-come, first-serve basis.** If you are selected, you will be contacted for further instructions. If you are not selected, you will receive written notification via email if you provide one, or US postal mail if you do not provide one. We recommend you provide an accurate and legible email address to expedite this process. **If you are declined, you may reapply after 90 days. Due to the volume of applicants please do not call to check on the status of your application.** For any other questions or concerns, please feel free to contact me.

Mahalo,
Leslie Moody
Family Services Manager
Office: 808-693-8307
Leslie.Moody@usw.salvationarmy.org

RECREATION | EDUCATION | CELEBRATION | INSPIRATION

General William Booth, Founder • General Brian Peddle, General • Commissioner Kenneth G. Hodder, Territorial Commander

Major Jeffrey Martin, Divisional Leader • Major Eloisa Martin, Divisional Leader • Major Phil Lum, Corps Officer/Administrator • Major Debbie Lum, Corps Officer

Membership Scholarship Program Policies

1. Completion of application does not guarantee assistance. Scholarships will be awarded based on eligibility, funding, as well as usage and completion of requirements.
2. Due to the increased need following COVID19, scholarships are currently valid for 6 months, verses a year. Recipients may apply for an extension prior to the date of their current scholarship expiration but due to the volume of scholarship applications and limited funding renewal is not guaranteed. Should you decide to reapply, an updated verification of income will be required. Again, renewal of scholarship is not guaranteed.
3. A family membership is defined as follows: one or two adults living in the same household and minor dependents who are eligible up to the age of 18 or up to the age of 23 if they are a full-time student. A third adult may be an individual over 18 with a disability. You may also include elderly parents who are dependent on the head of household for support if they reside in the same household. Verification of family status, student status and residency may be required for anyone on the application.
4. Those awarded scholarships will receive the same benefits as a standard membership. The same rules and policy requirements apply to all memberships.
5. Scholarship recipients are expected to financially contribute toward their membership cost. Scholarship recipients will receive a \$74.00 credit towards the registration fee and 50% of their monthly dues paid by the scholarship for up to one year. You are responsible for all other costs and balances beyond the scholarship award. Your scholarship may be terminated if your portion of the fee is not paid within 30 days of the due date.
6. Changes or cancellations to a scholarship membership must be submitted in writing using a "Cancellation/Change Form" available at the Member Services Desk before the 10th of the month. The scholarship committee must review all proposed changes before implemented.
7. It is important that scholarships are awarded to recipients who have an actual need and to those who will use the Kroc Center facilities. Recipients are encouraged to use the facility an average of 4x a month and to speak with our Family Services Manager at least once during the scholarship year to review usage of benefits. Under usage of membership benefits may lead to loss of scholarship award.
8. Scholarship recipients are mandated to attend at least four Life Enrichment Classes in their scholarship year. You may substitute 4 hours of approved volunteer service for 1 of the 4 classes. Due to COVID19, this requirement is waived until January 2021 or until you are notified otherwise, whichever comes first.
9. All scholarships are confidential. Applicants agree to refrain from discussing application and/or awards with others.

I understand and agree to the above conditions:

Signature

Date

Scholarship Application

THE SALVATION ARMY RAY AND JOAN KROC CORPS COMMUNITY CENTER



ADULT AND FAMILY INFORMATION

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

IF APPROVED FOR SCHOLARSHIP, RECIPIENT IS RESPONSIBLE FOR PAYING A PORTION OF THE FEES.

MEMBERSHIP TYPE

DATE (MM/DD/YY)

CHOOSE YOUR MEMBERSHIP TYPE(S):

- ADULT SENIOR
- YOUTH
- FAMILY I (UP TO 5 MEMBERS)
- FAMILY II (6 MEMBERS OR MORE)

EMERGENCY CONTACT INFORMATION

FIRST NAME

LAST NAME

RELATIONSHIP

CELL PHONE

ALTERNATE PHONE

OPTIONAL INFORMATION

Thank you for providing the following information. This helps us develop quality services and programming that fits the needs of the local community.

1. HOW DID YOU HEAR ABOUT THE SCHOLARSHIP MEMBERSHIP PROGRAM AT THE SALVATION ARMY KROC CENTER?

2. WHAT PROGRAMS ARE YOU MOST INTERESTED IN:

- AQUATICS PRESCHOOL
- DANCE FITNESS
- ARTS DAY CAMP
- MUSIC SPORTS
- THEATER AFTER-SCHOOL
- CHURCH OTHER

3. ARE YOU INTERESTED IN VOLUNTEERING?

- YES NO

INTERESTS/SKILLS:

PRIMARY ADULT

NAME (FIRST, MIDDLE, LAST)

CELL

WORK PHONE

#

EMAIL

BIRTHDATE

MALE FEMALE

SECOND ADULT

NAME (FIRST, MIDDLE, LAST)

CELL

WORK PHONE

#

EMAIL

BIRTHDATE

MALE FEMALE

HOUSEHOLD INFORMATION

ADDRESS

CITY

STATE

ZIP

HOME PHONE

ADDITIONAL DEPENDENTS LISTED ON MEMBERSHIP

(Please attach additional form for more dependents. Proof may be requested.)

#1: NAME (FIRST, MIDDLE, LAST)

BIRTHDATE (MM/DD/YY)

MALE FEMALE

AGE

#

RELATIONSHIP TO PRIMARY ADULT

#2: NAME (FIRST, MIDDLE, LAST)

BIRTHDATE (MM/DD/YY)

MALE FEMALE

AGE

#

RELATIONSHIP TO PRIMARY ADULT

#3: NAME (FIRST, MIDDLE, LAST)

BIRTHDATE (MM/DD/YY)

MALE FEMALE

AGE

#

RELATIONSHIP TO PRIMARY ADULT

#4: NAME (FIRST, MIDDLE, LAST)

BIRTHDATE (MM/DD/YY)

MALE FEMALE

AGE

#

RELATIONSHIP TO PRIMARY ADULT

#5: NAME (FIRST, MIDDLE, LAST)

BIRTHDATE (MM/DD/YY)

MALE FEMALE

AGE

#

RELATIONSHIP TO PRIMARY ADULT

#6: NAME (FIRST, MIDDLE, LAST)

BIRTHDATE (MM/DD/YY)

MALE FEMALE

AGE

#

RELATIONSHIP TO PRIMARY ADULT

#7: NAME (FIRST, MIDDLE, LAST)

BIRTHDATE (MM/DD/YY)

MALE FEMALE

AGE

#

RELATIONSHIP TO PRIMARY ADULT

Scholarship Application

THE SALVATION ARMY RAY AND JOAN KROC CORPS COMMUNITY CENTER



By providing the following information, this allows The Salvation Army Ray and Joan Kroc Corps Community Center ("Kroc Center Hawaii") to process your scholarship request. This information 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 Kroc Center Hawaii. **Incomplete applications will not be considered.**

NAME (Printed)

DATE

GETTING TO KNOW YOU

On a scale from 1 to 5 (1 strong disagree, 5 being strongly agree), please circle what best describes you and your family.

I AM INTERESTED IN CLASSES ABOUT:

GRIEF COUNSELING	1	2	3	4	5
FITNESS/HEALTH	1	2	3	4	5
AQUATICS/SWIM LESSONS	1	2	3	4	5
FAITH-BASED/MINISTRY	1	2	3	4	5
FINANCIAL/BUDGETING	1	2	3	4	5
MARRIAGE/RELATIONSHIPS	1	2	3	4	5
PARENTING/CHILDREN	1	2	3	4	5
TECHNOLOGY/EDUCATION	1	2	3	4	5
KIDS CAMPS/ACTIVITIES	1	2	3	4	5
OTHER					

HOUSEHOLD INCOME

REQUIRED - PLEASE DO NOT LEAVE BLANK. BE SURE TO COMPLETE & ATTACH PROOF OF INCOME.

Please complete the brief "monthly" budget outline.

MONTHLY EXPENSES		MONTHLY INCOME	
RENT	\$	WAGE	\$
UTILITIES	\$	UNEMPLOYMENT	\$
FOOD	\$	CHILD SUPPORT	\$
PHONE	\$	SS INCOME	\$
CREDIT CARD PAYMENTS	\$	FOOD STAMPS	\$
CAR PAYMENTS	\$	FINANCIAL AID/GRANTS	\$
INSURANCE	\$	PUBLIC ASSISTANCE	\$
CHILD SUPPORT	\$	VA BENEFITS	\$
CHILD CARE	\$	SS DISABILITY	\$
OTHER	\$	OTHER	\$
OTHER	\$	OTHER	\$
TOTAL	\$	TOTAL	\$

Are you a student? YES NO

Are you currently living with your parents/guardians? YES NO
If yes, please include your parents' income verification documents.

Are you already a member of the Kroc Center? YES NO

TOTAL X 12 = ANNUAL HOUSEHOLD INCOME	\$
VERIFIED BY TWO (2) KROC PERSONNEL	INT. INT.

SHORT ANSWER QUESTIONS

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

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

Is there anything else you would like to share?

We value our members and desire that you benefit from the programs, opportunities, and community available at Kroc Center Hawaii. 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