

Program 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	<input type="radio"/> APPROVED	<input type="radio"/> NOT APPROVED	<input type="radio"/> % OFF
	NOTIFIED OF THE FOLLOWING: <input type="radio"/> FILL OUT PROGRAM ENROLLMENT FORM <input type="radio"/> HEALTH & LIABILITY WAIVER		
	<input type="radio"/> PHONE CALL DOES NOT GUARANTEE SPOT IN THE CLASS, MUST REGISTER AT THE FRONT DESK AND SUBMIT PAYMENT		
	DATE & TIME _____		