

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.

Name (Printed)



INITIAL
BELOW

SCHOLARSHIP PROGRAM POLICIES

- _____ 1. Head-of-household must attend a scholarship orientation.
- _____ 2. Completion of application does not guarantee assistance. Scholarships will be awarded based on eligibility, funding, timeliness, & space available.
- _____ 3. Scholarships are valid for one year. At the end of the year, recipient will receive a courtesy reminder to reapply for their scholarship by meeting the Life Skills requirement prior to the date their current scholarship expires.
- _____ 4. An adult membership begins at the age of 19. A family membership is defined as a household with two adults (19 or over) and minor legal dependents living in that household. The ONLY 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.
- _____ 5. 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: Adult, Family, Family +5, Senior, Youth.
- _____ 6. Scholarship recipients are expected to financially contribute toward the membership. If awarded recipients will be asked to pay 40% of a Gold or 35% of a Silver Membership based on financial needs and other eligibility.
- _____ 7. Approved scholarship recipients/families will benefit from a Kroc Membership. In addition, the membership registration fee will be waived, the scholarship award will receive a \$15 coupon to be used toward a program, class or Play Care. Coupon does not apply to membership, merchandise or café items. There is no cash value to the coupon.

INITIAL
BELOW

- _____ 8. Scholarship recipients will be eligible for program scholarships up to 50% discount. In order to determine eligibility, please complete a Program Scholarship Request Form available at the front desk.
- _____ 9. Changes allowed to a scholarship membership within the scholarship year are the following: Birth in the family, Death of a member, Marriage/Divorce, Address and Contact Information change or a change in billing information. Scholarship recipient is allowed one member change to a scholarship, please note, the scholarship committee must review all proposed changes before implemented.
- _____ 10. It is important that scholarships are awarded to individuals who use the center. We encourage a scholarship member to use the facility an average of 4 times a month.
- _____ 11. All scholarships are confidential. Applicants agree to refrain from discussing awards with others.
- _____ 12. If your scholarship lapses more than 90 days without payment, you will need to back-pay or reapply by attending a scholarship orientation.
- _____ 13. In order to be eligible to renew your scholarship you must obtain 2 life skill credits within a year of your original scholarship sign-up date. Adult member(s) must complete the life skill credit.
How to Obtain Life Skill Credits:
 - Attend a Life Skills Class. Each class counts as one credit.
 - Volunteer at The Kroc Center or in the Community for 2 hours.
 - Obtain an annual Wellness Exam.
 - Attend a Kroc Church Sunday Service.
 - Participate in Kroc Fit45 with ActivTrax.
 - Donate Blood.

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.

1765 W. Golf Course Road
Coeur d'Alene, Idaho 83815
208.667.1865 | www.kroccda.org



RAY & JOAN
KROC CENTER
COEUR D'ALENE, ID

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

GETTING TO KNOW YOU

On a scale from 1 to 5 (1 strongly 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

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.

HOUSEHOLD INCOME

Please complete this brief monthly budget outline. Include all income verification documents, such as check stubs and/or proof of unemployment.

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	\$
MONTHLY INCOME TOTAL X 12=			\$
ANNUAL HOUSEHOLD INCOME			
VERIFIED BY 2 KROC PERSONNEL			

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?

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

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)

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)

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

DEPENDENT 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

YOUTH AND TEEN SCHOLARSHIP

(Use this section for individual youth or teen memberships. Youth under 11 must be supervised by an adult member.)

MEMBER INFORMATION

NAME (FIRST, MIDDLE, LAST)

BIRTHDATE (MM/DD/YY)

MALE FEMALE

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

SCHOLARSHIP RENEWAL?

YES

NO

MEMBERSHIP TYPE

DATE (MM/DD/YY)

CHOOSE ONE MEMBERSHIP PLAN:

SILVER

GOLD

CHOOSE YOUR MEMBERSHIP TYPE(S):

ADULT

SENIOR

YOUTH (AGES 0-18)

FAMILY I (UP TO 5 MEMBERS)

FAMILY II (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

3. NAME

RELATIONSHIP

CELL PHONE

EMERGENCY PICK UP AUTHORIZATION

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 - I understand that use of the facilities and equipment at The Salvation Army Kroc Center may involve risk of bodily injury or property damage 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 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) right to make any claim against The Salvation Army, its agents, employees and volunteers, including the right to sue them, for bodily injury or property damage 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:

\$ _____