

# Program Scholarship Request Form



## 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 a written response within two business weeks of receiving the completed form. Incomplete forms will be returned prior to review, for completion and re-submission.

NAME (FIRST, LAST, M.I.)

CELL WORK PHONE

EMAIL BIRTHDATE  MALE  FEMALE

## HOUSEHOLD INFORMATION

ADDRESS

CITY STATE ZIP

HOME PHONE

ARE YOU A MEMBER?  YES: MEMBERSHIP #  NOT CURRENTLY A MEMBER

## CLASS INFORMATION

CLASS #	CLASS/LEAGUE TYPE	CLASS DATE	CLASS TIME	FEE \$	NAME OF ATTENDEE	AGE

## SCHOLARSHIP 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. Applications without proof of income cannot be processed.*

REASON FOR REQUEST: (PLEASE LIST ANY SPECIAL CIRCUMSTANCES YOU WOULD LIKE US TO KNOW)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### PAST SCHOLARSHIP EXPERIENCE

Have you or a family member received a Kroc scholarship before?\*

YES  NO

How was your scholarship experience?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*\*If you have previously received a scholarship from The Kroc Center, you still may be qualified for other scholarship opportunities.*

This application and required income documentation are confidential information and will be used only for scholarship recommendations by the Scholarship Review Committee.

REQUESTED BY:

NAME (PRINTED)

SIGNATURE

DATE