

Kroc Center Scholarship Instruction-Cover Sheet

Please read carefully and follow the step-by-step instructions to complete your scholarship application.

1. This packet includes the Scholarship Program Agreement Form and the Scholarship Request Application.
2. Please read the Scholarship Program Agreement Form, sign and date at the bottom of the page.
3. Completely fill out the Scholarship Application Form.
4. **Attach all copies of income verification to the application. We will not process the application request without complete household income verification included. This means anyone who earns an income and lives in the home must have their income included as “household income”. Proof of income can include but is not limited to the following:**
 - a. **Front page of a Federal Tax return (preferred form of income verification).**
 - b. **Employment Income**
 - c. **Social Security Income**
 - d. **Unemployment Income**
 - e. **Disability Income**
 - f. **Public Assistance Income**
 - g. **Child Support Income**
 - h. **Food Stamp Income**
 - i. **Foster Care Income**
 - j. **Alimony**

It is not enough to submit a check stub or an SSI award as proof of household income. Remember that all members of the household who receive an income must show it as proof of “Household Income”.

We will not process without complete information.

**** Please provide your own copies of income verification. We are not able to make them at The Kroc Center for you.**

5. Scholarships are broken into the same categories as regular memberships. The same rules and policy requirements apply to a scholarship membership. Categories include:
 - Adult
 - Family
 - Family +5
 - Senior
 - Teen
 - Youth

An adult membership begins at age 19. A family membership is defined as a household with two adults (19 or over) and minor legal dependants living in that household. The ONLY exception to this rule is if a disabled adult, who is legally dependent on the adults in the household is included. Proof of disability and specific approval from the Kroc Center must occur before more than two adults can be included. A senior membership begins at age 62.

Scholarship Program Instruction Form



6. Mail the completed information, which includes the signed Scholarship Agreement Form, the Scholarship Application and copies of income verification to:
TSA Kroc Center
Attn: Stacy Barney
1765 W Golf Course Road
Coeur d'Alene, Idaho 83815
Or... you may drop the sealed envelope off at the Kroc Center Customer Service desk.
7. Once received, your application will be reviewed and processed as quickly as possible. Our turnaround time is approximately 3-4 business weeks. You will be notified of your scholarship opportunity by mail. The mailing will include an award letter, a blank membership application and a copy of your scholarship application, which will be stamped as "approved".
8. When you receive your scholarship verification from the Kroc Center, please bring your Confirmation Letter, completed membership form, and copy of approved scholarship application to the Customer Service Desk. (Note that the household income section will be blacked out to protect your privacy.) You must have all three documents with you to register for membership. Please read the membership application carefully and complete it accurately.
9. When you are ready to come in and sign up for membership, the customer service representative will enter your membership information on the computer, set up the payment structure, take your picture, print your card and provide you with the policies and procedures of a Kroc Center Silver Membership.
10. If you are not approved for a scholarship, you will receive a letter of explanation in the mail.

Thank you! We look forward to seeing you soon!

Kroc Center Scholarship Program

The Salvation Army Kroc Center is pleased to provide a comprehensive scholarship program to help provide access to this facility. It was Joan Kroc's vision and expectation that all individuals have equal opportunities to grow their natural gifts and talents. The Kroc Center is a world-class facility allowing just that; an equal opportunity which allows each person the chance to discover and develop their natural gifts. We are delighted that you are interested in participating.

Please read carefully:

1. Please complete and sign all paperwork. Provide copies of proof of income as requested. Submit completed application and paperwork by mail or drop off at the Kroc Center Customer Service desk. ***Incomplete applications will be returned.***
2. Completion of application does not guarantee assistance. Scholarships will be awarded based on eligibility, funding, timeliness, and space available.
3. All requests will be responded to by mail. Once approved, the applicant is invited to return to the center to complete membership enrollment.
4. Scholarship recipients will benefit from a Silver Membership.
5. Registration fees are waived.
6. Scholarship recipients are expected to financially contribute toward the membership. Recipients will be asked to pay 25%, 50% or 75% of the Silver Membership based on financial and other eligibility.
7. Scholarship recipients will be contacted by ministry staff or a program manager to set up continuing education, personal enrichment program opportunities and explain the Kroc Center's resources and scholarship participation requirements.
8. Scholarship recipients will be eligible for a 50% reduced rate on standard drop-in land and water fitness classes.
9. A separate scholarship program will exist for programs such as Day Camp. This scholarship does not cover activities outside of the Silver Membership and program fee reduction.
10. Scholarships are valid for one year from approval. Re-applying will be required at end of annual membership period.
11. All Scholarships are confidential. Applicants agree to refrain from discussing awards with others.

Please sign as verification of your understanding and acceptance of The Kroc Center Scholarship Program.

Signature _____

Date _____

Print Name _____

CONFIDENTIAL
Scholarship Request Form



PERSONAL CONTACT INFORMATION

Please read all the information on this form and fill in all of the blanks. Incomplete requests can not be processed.

NAME (FIRST, LAST, M.I.)

CELL WORK PHONE

EMAIL BIRTHDATE MALE FEMALE

HOUSEHOLD INFORMATION

ADDRESS

CITY STATE ZIP

HOME PHONE

SCHOLARSHIP INFORMATION

REQUEST A MEMBERSHIP

Please see attached form for membership level criteria.

DATE (MM/DD/YY)

TYPE OF MEMBERSHIP YOU WOULD LIKE TO BE CONSIDERED FOR:

- ADULT (19+) SENIOR (62+) TEEN (12-18) YOUTH (0-11)
- FAMILY I (UP TO 5 MEMBERS) FAMILY II (MORE THAN 5 MEMBERS)

HOW MANY WOULD YOU LIKE CONSIDERED IN YOUR FAMILY?

ADDITIONAL HOUSEHOLD MEMBERS TO BE LISTED ON MEMBERSHIP
(Please attach additional form for more household members)

NAME (FIRST, MIDDLE, LAST) MALE FEMALE

BIRTHDATE (MM/DD/YY) RELATIONSHIP TO PRIMARY ADULT

NAME (FIRST, MIDDLE, LAST) MALE FEMALE

BIRTHDATE (MM/DD/YY) RELATIONSHIP TO PRIMARY ADULT

NAME (FIRST, MIDDLE, LAST) MALE FEMALE

BIRTHDATE (MM/DD/YY) RELATIONSHIP TO PRIMARY ADULT

NAME (FIRST, MIDDLE, LAST) MALE FEMALE

BIRTHDATE (MM/DD/YY) RELATIONSHIP TO PRIMARY ADULT

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

ANNUAL HOUSEHOLD INCOME

Please attach current documents to verify each source of income. Applications without proof of income cannot be processed.

Please supply yearly amounts to all categories in which you receive income:

- GROSS SALARY OF ALL HOUSEHOLD MEMBERS
- UNEMPLOYMENT
- SOCIAL SECURITY
- DISABILITY INCOME
- STUDENT AWARDS/GRANTS
- PUBLIC ASSISTANCE
- FOOD STAMPS
- ALIMONY
- CHILD SUPPORT
- FOSTER CARE
- STATE INDUSTRIAL INSURANCE
- OTHER

TOTAL ANNUAL GROSS INCOME

This application and required income documentation are confidential information and will be used only for scholarship recommendations by the Membership Supervisor.

REQUESTED BY (SIGNATURE):

DATE

Any membership changes must be approved by scholarship committee. Changes will not be immediate.