

# SCHOLARSHIP APPLICATION



**L.A. RED SHIELD**  
YOUTH & COMMUNITY CENTER

The Salvation Army is pleased to provide a scholarship program to help provide access to this community center. It is our belief that it's important to provide all individuals with equal opportunities to grow their natural gifts and talents.

## HOW TO APPLY FOR A SCHOLARSHIP

1. Complete the following application.
2. Attach all household income verification documents to your completed application. This includes all documents that best reflect the gross annual salary income of all household members: check stubs, unemployment statement, social security, disability incomes, food stamps award letter, alimony, child support income, etc.
3. Return your completed application with attached household income verification to the front desk. Please allow 15 minutes for your application to be reviewed. Following the review, all previously submitted income verification documents will be returned.
4. If you qualify for a scholarship, you will be notified and able to sign-up for your community center membership. Fill-out the Membership Application Form with you and your family's contact information and submit to the front desk to complete your application.
4. For your scholarship to remain active, you must use the community center at least four times per month.

## CONTACT INFORMATION

NAME (FIRST, MIDDLE, LAST)

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CELL PHONE

EMAIL

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CHECK HERE TO OPT-OUT OF EMAILS ABOUT UPCOMING CLASSES, EVENTS & CLOSURES.

WHAT TYPE OF MEMBERSHIP ARE YOU APPLYING FOR?  INDIVIDUAL  FAMILY      HOW MANY PEOPLE ARE IN YOUR FAMILY?

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Providing the following information allows The Salvation Army Community 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 Salvation Army Community Center.

### GETTING TO KNOW YOU

On a scale from 1 to 5 (1 strongly disagree, 5 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	\$
<b>TOTAL</b>	<b>\$</b>	<b>TOTAL</b>	<b>\$</b>

**MONTHLY INCOME TOTAL X 12=**  
**ANNUAL HOUSEHOLD INCOME**

\$

VERIFIED BY

## SHORT ANSWER QUESTIONS

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

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How do you hope becoming a member at this community center will positively impact you and your family?

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Is there anything else you would like to share?

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## SCHOLARSHIP PROGRAM POLICIES

INITIAL  
BELOW

- \_\_\_\_\_ 1. Completion of application does not guarantee assistance. Scholarships will be awarded based on eligibility, funding, timeliness, & space available.
- \_\_\_\_\_ 2. Membership scholarships are valid for one year. At the end of the year, recipient will receive a courtesy reminder to reapply for their scholarship.
- \_\_\_\_\_ 3. An adult membership begins at the age of 18. A family membership is defined as a household with up to two adults (18 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.
- \_\_\_\_\_ 4. 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, Senior, and Youth.
- \_\_\_\_\_ 5. Scholarship recipients are expected to financially contribute toward the membership. If awarded, recipients will be asked to pay a percentage of the membership fee based on financial needs and other eligibility.

INITIAL  
BELOW

- \_\_\_\_\_ 6. Approved scholarship recipients/families will benefit from a reduced-price membership. In addition, the membership registration fee will be waived.
- \_\_\_\_\_ 7. 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.
- \_\_\_\_\_ 8. 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.
- \_\_\_\_\_ 9. 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.
- \_\_\_\_\_ 10. All scholarships are confidential. Applicants agree to refrain from discussing awards with others.
- \_\_\_\_\_ 11. If your scholarship lapses more than 90 days without payment, you will need to back-pay or reapply.
- \_\_\_\_\_ 12. In order to be eligible to renew your scholarship you must use the facility on an average of four times per month.

We value our members and desire that you benefit from the classes and opportunities available at The Salvation Army Community 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 NAME (PRINT)

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APPLICANT SIGNATURE

DATE

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REV 09/07/17