

# Scholarship Application

OFFICE USE

For Silver or Gold Membership. Scholarships are for annual membership and are awarded based on applicant eligibility and the available funds. Only completed applications will be processed. Incomplete applications may result in denial of application. Para ser miembro de plata u oro. Becas son para membresía anual y se conceden basadas en la elegibilidad del solicitante y los fondos disponibles. Sólo las aplicaciones completadas serán procesadas. Solicitudes incompletas pueden resultar en la denegación de la solicitud.

## SCHOLARSHIP APPLICANT INFORMATION (Informacion Del Solicitante De La Heca)

### PRIMARY ADULT

NAME (FIRST, LAST) <small>(Apellido principal, Nombre de pita primario)</small>	DATE (MM/DD/YY):
LICENSE - STATE/PHOTO ID <b>(COPY REQUIRED)</b> <small>(Licencia de Manejar - copiar necesario) #</small>	MARITAL STATUS <small>(Estado Civil)</small>
STREET ADDRESS <small>(Direccion)</small>	
CITY, STATE <small>(Ciudad, Estado)</small>	ZIP <small>(Codigo Postal)</small>
HOME PHONE <small>(Telefono della Casar)</small>	CELL <small>(Celular)</small>
EMAIL <small>(Correo electrónico)</small>	ASU TUTORING STUDENT <small>(ASU Student Tutoria)</small> <input type="radio"/> YES <small>(Sí)</small> <input type="radio"/> NO <small>(No)</small>

## ALL HOUSEHOLD MEMBERS (Otros miembros del hogar)

List all persons living in household starting with primary applicant. Please Indicate if members are disabled or under foster care. (Escriba los nombres de todas las personas que viven en su hogar. Estipule si los niños que viven con usted son niños de crianza).

### CHECK ONE:

### CHECK ONE:

### CHECK IF APPLIES:

NEW MEMBER <small>(Nuevo miembro)</small>	CURRENT MEMBER <small>(Miembro actual)</small>	FULL NAME <small>(Nombre completo)</small>	SEX <small>(Sexo)</small>	RELATIONSHIP TO APPLICANT <small>(Relacion con el Apicante)</small>	AGE <small>(Edad)</small>	BIRTHDATE <small>(Fecha de Nacimiento)</small>	ADULT 18+ <small>(Adulto)</small>	YOUTH 0-17 <small>(Niños)</small>	AMERICANS WITH DISABILITIES ACT	FOSTER CARE
		PRIMARY <small>(Primario)</small>		SELF <small>(Yo)</small>		--/--/--				
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<b>TOTALS (TOTALES)</b>										

This application has been checked for legibility, completeness, signature of primary and has copies of required supporting documentation.

RECEIVED/INSPECTED BY EMPLOYEE: \_\_\_\_\_

<input type="radio"/> APPLICATION DATE RECEIVED:	<input type="radio"/> CONTACT DATE:
<input type="radio"/> PHOTO ID	<input type="radio"/> PROOF OF RESIDENCY (6 MONTHS)
<input type="radio"/> PROOF OF INCOME	
<input type="radio"/> CURRENT INCOME TAX RETURN RECEIVED	GUIDELINE AMOUNT: \$ _____
AMOUNT AWARDED: \$ _____	<input type="radio"/> COMMUNITY WORKSHOP COMPLETION
NOTES: _____	<input type="radio"/> LIFE SKILLS CLASS COMPLETION (2ND YR. RECIPIENTS)

## MEMBERSHIP REQUEST

Choose type of membership desired (select only one type):

- TEEN (AGES 12-17)
- ADULT (AGES 18-61)
- ADULT + 1
- SENIOR (AGES 62+)
- FAMILY (UP TO 6 PEOPLE LIVING IN THE SAME RESIDENCE) \*
- FAMILY (7+ PEOPLE LIVING IN SAME RESIDENCE)\*

\* Each individual over 18 years of age included in the household is required to show proof of income.





# Scholarship Member Agreement Form



**The Salvation Army Kroc Center is pleased to provide a comprehensive scholarship program to help provide access to the center. 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 and follow these step-by-step instructions to complete your scholarship application.
- \* Completely fill out page 1 of the application. Sign and date at the bottom of this page. Attach income proof as outlined below. Incomplete submissions will result in denial. Applicants will be notified of a scholarship decision by mail. Applications are accepted and awarded on a yearly basis according to schedule at bottom of page.
- \* Applications may be dropped off at the welcome desk or mailed (With proper postage). Be sure to include the completed application with signature and the copies of supporting materials to: TSA Kroc Center Attn: Scholarship Program, 1375 E. Broadway Road, Phoenix, AZ 85040.
- \* Your approval letter from the Kroc Center will identify the date of the Community Workshop you must attend in order to receive your award.
- \* When you come in to sign up, our staff will have you fill out a membership form. They will then enter the information in our system, accept your first payment, and take your picture before issuing your membership card.

## PLEASE READ CAREFULLY

1. Attach required copies of all proof of income to the application. (Examples of acceptable proofs include: 2 current pay stubs, TANF Notice of Action, Child Support court or bank records, Social Security Statement, Food Stamp Statements with income verification, Unemployment Insurance statements, Federal Tax returns, Student Loan disbursement records, etc.). All paperwork must be submitted at the same time before the deadline. Incomplete or late applications will not be processed. Any information found to be fraudulent will result in loss or denial of current and future scholarship awards.
2. Completion of application does not guarantee assistance. Scholarships will be awarded based on eligibility, timeliness, and availability of funding.
3. You may make your membership payment in one of the following ways: (1) Automatic monthly withdrawal through your checking or credit card account; or (2) Pre-paid credit card. When you come in to complete your membership registration, please be prepared to pay your first installment and pro-rated amount for the current month. Should you lapse on your payment schedule, we reserve the right to terminate the scholarship.
4. Scholarship recipients are expected to financially contribute toward the membership. Recipients will be asked to pay 20%, 35%, or 50% of the monthly membership costs based on financial ability and other eligibility criteria.
5. This application covers membership only and does not include summer camps, programs or classes. Nor does it extend to purchases such as food at the snack bar, gift cards or merchandise.
6. Misuse of your membership may result in discontinued scholarship assistance.
7. Scholarships are valid for a 12 month period. You will be required to reapply at end of the award period. Continued use will be dependent upon updated financial records and the frequency of previous use at the Kroc Center. If you are not awarded a scholarship upon reapplying, you may maintain your membership at standard membership rates. We will waive the registration fee should you choose to continue within 60 days of being notified.
8. All awards are confidential and applicants agree to refrain from discussing them with others.
9. Please sign below as verification of your understanding and acceptance of the Kroc Center Scholarship Member Agreement.

SIGNATURE (FIRMA)

DATE (FECHA)

# Kroc Center Scholarship Guidelines



1. Scholarships are for **Kroc Silver or Gold Membership** and recipients are expected to financially contribute toward the membership fees. The award is based on a sliding scale and determined by financial need.
2. The registration fee is waived for scholarship recipients.
3. There is a maximum of two years scholarship award per family/member.
4. The head-of-household is required to attend a Community Workshop to receive the scholarship award.
5. Second year scholarship recipients must attend a Life Skills Class.
6. Scholarship Application Forms are available at the Welcome Desk and are available for download at [www.krocphoenix.org](http://www.krocphoenix.org). Eligibility is determined by submitting a completed and signed Scholarship Application, Agreement Form, and Guidelines, along with the required supporting documentation.
7. Scholarship applicant will be notified within 15 business days as to eligibility and if confirmed, applicant will be registered for the next Community Workshop. Attendance at the Community Workshop is required in order to receive the scholarship.
8. To maintain a scholarship, membership fee payment must be kept current. If membership fees lapse for 30 days, fees must be brought current before member can attend the Kroc Center. If fees lapse for 60 days, the scholarship award is cancelled.
9. The membership plan must be used a minimum of 8 times in a month to remain in good standing. Memberships used less than 8 times in a month will be cancelled. A waiting period of three months will be required before a cancelled membership may be resubmitted for scholarship.
10. Completion of an application does not guarantee scholarship assistance. Scholarships are awarded based on eligibility, funding, timeliness, and space availability.
11. Scholarships are valid for one year. At the end of the year, and if the recipient is eligible for a scholarship for a second year, the recipient will receive a courtesy reminder to reapply by submitting current financial documentation and attending a Life Skills Class prior to the date the current scholarship expires.
12. Persons failing to attend their scheduled Workshop and/or Life Skills class must contact the Kroc Center at (602) 425.5011 within 10 days of the missed workshop or class. If contact is not made within 10 days, the application and supporting documents will be destroyed. In addition to attending a Workshop, the income must be re-verified for eligibility.
13. An *Adult Membership* begins at the age of 18. A *Family Membership* is defined as living in the same household with two adults (18 years or older) and minor, legal dependents living in the 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.

SIGNATURE (FIRMA)

DATE (FECHA)