



## Scholarship Information

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

1. This packet includes the Scholarship Agreement Form and the Scholarship Application.
2. Please read the Scholarship Agreement Form, sign and date at the bottom of the page.
3. **Completely** fill out the Scholarship Application and provide copies of all income verification as outlined in the application.
4. Complete the membership application or program registration form and return with this packet.
5. Return completed and signed Scholarship Application, Scholarship Agreement Form, copies of all income verification, and applicable membership program registration form to 527 East Liberty Street, Ashland, OH 44805. You can scan and email the documents as well to [Armesia.Thomas@use.salvationarmy.org](mailto:Armesia.Thomas@use.salvationarmy.org).
6. You will be notified of your scholarship opportunity by phone.
7. Scholarship Applications are accepted as needed throughout the year.

### **Type of Scholarship Requesting:**

☐ Learning Zone    ☐ Recreation    ☐ Music and/or Arts    ☐ Membership

Title of Program: \_\_\_\_\_

Name of Applicant(s): \_\_\_\_\_

---

**To be completed by Salvation Army Staff ONLY:**    ☐ Approved \_\_\_\_\_% off    ☐ Declined

Scholarship Term: \_\_\_\_\_

Signature of Employee Approving \_\_\_\_\_ Date \_\_\_\_\_

# Scholarship Program Agreement Form

## Kroc Center Scholarship Program

The Salvation Army Kroc Center is pleased to provide a comprehensive scholarship program to help provide access to the Center's programs. 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. Scholarship applicants must reside within Ashland County, Ohio.
2. Please complete the attached application and provide copies of proof of **all** income (acceptable proof: two current pay stubs, TANF notice, child support, Social Security, SNAP letter, unemployment statements, Federal Tax Return, etc.).
3. Submit completed application and paperwork to the address mentioned on the Instruction sheet.  
**Incomplete applications will be returned. Any information found to be fraudulent will result in loss or denial of the scholarship award.**
4. A family includes immediate family members only. To be considered as an eligible immediate family member, one must be claimed as a federal tax exemption. Friends, guests, visitors, other relatives or individuals cannot be included on or admitted with your individual or family scholarship application or potential award.
5. Completion of the application does not guarantee assistance or program placement. Scholarships will be awarded based on eligibility, funding, timeliness, and space available.
6. All requests will be responded to by phone, email, or letter. If approved, the applicant is invited to return to the Center to complete enrollment within 30 days of award. Award recipients that do not come in to sign up for programs within 30 days will NOT be eligible to use the scholarship.
7. Scholarship recipients are expected to financially contribute toward the program. 100% scholarships will not be awarded.
8. Please be prepared to pay your initial payment and any applicable initiation/registration fees at time of enrollment and continue to follow the payment schedule according to established policies. Should you lapse on your payment schedule we reserve the right to terminate the scholarship award.
9. Registration fees **cannot** be waived.
10. There is no scholarship benefit for items that fall outside of programs (such as food at the concession or merchandise, etc.)
11. Re-applying will be required at the end of the program term. Continued scholarship approval will be dependent upon financial information and frequency of previous attendance.
12. **All Scholarships are confidential.** Applicants agree to refrain from discussing awards with others.

Please sign as verification of your understanding and acceptance of The Salvation Army Kroc Center scholarship program.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

# Scholarship Application

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Cell phone #: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Please list ALL individuals in the household including the applicant

Last Name	First Name	Age	Sex	Relationship

## Gross Monthly Income:

### Amount

Husband-Employment \_\_\_\_\_  
 Wife-Employment \_\_\_\_\_  
 Other-Employment \_\_\_\_\_  
 TANF \_\_\_\_\_  
 Disability \_\_\_\_\_  
 Social Security \_\_\_\_\_  
 Child Support \_\_\_\_\_  
 SNAP Benefits \_\_\_\_\_  
 Other Income \_\_\_\_\_  
**Total Income** \_\_\_\_\_

## Primary Monthly Expenses:

### Amount

Rent/Mortgage \_\_\_\_\_  
 Utilities \_\_\_\_\_  
 Car Payment \_\_\_\_\_  
 Car Insurance \_\_\_\_\_  
 Groceries \_\_\_\_\_  
 Other: \_\_\_\_\_  
**Total Expense:** \_\_\_\_\_

**Total Difference: Income – Expenses =** \_\_\_\_\_

**\*\*How much can your family afford to pay monthly for this requested program/membership?** \_\_\_\_\_

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I certify that all information contained in this application is complete and accurate. I understand that giving false information could result in my application being denied. I also understand that by completing this application I am not guaranteed a scholarship.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_