

Membership Scholarship Application

The Salvation Army Ray & Joan Kroc Center is pleased to provide this scholarship program to help provide access to The Kroc Center. It was Joan Kroc's vision and expectation that all individuals have equal opportunities to grow their natural gifts and talents.



PLEASE READ CAREFULLY AND FOLLOW THE STEP-BY-STEP INSTRUCTIONS IN ORDER TO COMPLETE YOUR SCHOLARSHIP APPLICATION.

1. This packet includes the Scholarship Application Instructions and the Scholarship Application. Please read the Scholarship Application Instructions, and **sign and date at the bottom of the page.**
2. Completely fill out the Scholarship Application. Applications are accepted on an ongoing basis.
3. Please bring completed Scholarship Application and **COPIES** of all required documents to the Kroc Center. Any submitted documents will not be returned.
 - A. Membership applications are reviewed and scholarships are awarded at the end of every month. You must have your membership scholarship application packet turned in by the **20th** of the month to be considered for that month.
4. **All adults (19 and older) in the household who receive income must show proof of income.**

Required documents include:

- A. 2 most recent bank statements
 - B. Proof of all applicable income for all adults in the house:
 - i. 2 most recent pay stubs
 - ii. Child support print out
 - iii. Social Security income documents
 - iv. Food stamp print-out
 - v. Housing Assistance letter
 - vi. VA benefit letter
 - vii. TANF print-out
 - viii. Any other income documents
 - C. Proof of residence of the greater Michiana area. This should be a recent (no older than 30 days) piece of official mail (utility bill, etc.) or a lease.
 - D. Picture ID for all adults, and birth certificates for all children in the home (18 and younger).
5. You will be notified of the status of your application by mail. There are two possible results of your application.
 - A. You have two weeks from the date of the letter to attend a Scholarship workshop meeting. If you do not attend a Scholarship workshop meeting within two weeks, you will be placed on the bottom of the waiting list for up to three (3) sessions. After three (3) sessions if no scholarship is available, you must reapply.
 - B. If you are ineligible for a scholarship, you will be informed by mail.
 6. Please sign as verification of your understanding of the scholarship application process.

Signature: _____ Date: _____

Print Name: _____

INITIAL BELOW:

- _____ 1. Head-of-household must attend a Scholarship Workshop.
- _____ 2. The completion of an application does not guarantee assistance. Scholarships will be awarded based on eligibility, funding, timeliness and space available.
- _____ 3. Scholarships are valid for one year. At the end of the year, recipient will receive a courtesy reminder to reapply for their scholarship.
- _____ 4. In order to be eligible to renew your scholarship you must obtain two (2) Life Skill credits within a year of your original scholarship sign-up date.
- _____ 5. Scholarship for individuals and families are the same as regular membership categories. (The same rules and policy requirements apply to a scholarship membership.)
- _____ 6. Scholarship recipients are expected to financially contribute toward the membership. If awarded, recipients will be asked to pay 50% of the Membership.
- _____ 7. It is important that scholarships are awarded to individuals who use the center. We require a scholarship member to use the facility an average of 4 times per month.
- _____ 8. All scholarships are confidential. Applicants agree to refrain from discussing awards with others.
- _____ 9. If your scholarship lapses more than 30 days without payment, you will need to backpay or setup a meeting with the Member Services Director.
- _____ 10. Changes allowed to a scholarship membership within the scholarship year include the following: birth in the family, death of a member, marriage/divorce, address and contact information change or a change in billing information. All proposed changes must be reviewed by the Member Services Director before they are implemented.



900 West Western Ave
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ADULT AND FAMILY MEMBERSHIP INFORMATION

Use this section for individual adult, senior, or family memberships. To qualify for family membership, second adult and household members must reside in same household with primary adult.

PRIMARY ADULT

NAME (FIRST, MIDDLE, LAST) _____

CELL _____ WORK PHONE _____

EMAIL _____ BIRTHDATE _____ MALE FEMALE

SECOND ADULT

NAME (FIRST, MIDDLE, LAST) _____

CELL _____ WORK PHONE _____

EMAIL _____ BIRTHDATE _____ MALE FEMALE

HOUSEHOLD INFORMATION

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____

ADDITIONAL HOUSEHOLD MEMBERS LISTED ON MEMBERSHIP

Please attach additional form for more household members.

#1 HOUSEHOLD MEMBER: NAME (FIRST, MIDDLE, LAST) _____

BIRTHDATE (MM/DD/YY) _____ AGE _____ MALE FEMALE

RELATIONSHIP TO PRIMARY ADULT _____

#2 HOUSEHOLD MEMBER: NAME (FIRST, MIDDLE, LAST) _____

BIRTHDATE (MM/DD/YY) _____ AGE _____ MALE FEMALE

RELATIONSHIP TO PRIMARY ADULT _____

#3 HOUSEHOLD MEMBER: NAME (FIRST, MIDDLE, LAST) _____

BIRTHDATE (MM/DD/YY) _____ AGE _____ MALE FEMALE

RELATIONSHIP TO PRIMARY ADULT _____

YOUTH AND TEEN MEMBERSHIP

Use this section for individual youth or teen memberships.

MEMBER INFORMATION

NAME (FIRST, MIDDLE, LAST) _____

BIRTHDATE (MM/DD/YY) _____ AGE _____ MALE FEMALE

HOUSEHOLD INFORMATION

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____

GUARDIAN INFORMATION

GUARDIAN #1 (FIRST/LAST) _____

CELL PHONE _____ WORK PHONE _____

GUARDIAN #2 (FIRST/LAST) _____

CELL PHONE _____ WORK PHONE _____

MEMBERSHIP TYPE

DATE (MM/DD/YY) _____

CHOOSE YOUR MEMBERSHIP TYPE:

SENIOR (62+) SENIOR COUPLE (62+)

ADULT (25-61) YOUNG ADULT (18-24)

TEEN (11-17) FAMILY (3 MEMBERS OR LESS)

FAMILY (5 MEMBERS OR LESS)

FAMILY (6 OR MORE MEMBERS)

EMERGENCY CONTACT INFORMATION

FIRST NAME _____

LAST NAME _____

RELATIONSHIP _____

CELL PHONE _____

ALTERNATE PHONE _____

OPTIONAL INFORMATION

Thank you for providing the following information. This helps us develop quality services and programming that fits the needs of the local community.

1. HOW DID YOU HEAR ABOUT THE SALVATION ARMY KROC CENTER?

NEWSPAPER ONLINE

DIRECT MAIL EVENT

FLYER TV

RADIO OTHER _____

2. WHAT PROGRAMS ARE YOU MOST INTERESTED IN?

AQUATICS COMPUTER

DANCE FITNESS

ARTS DAY CAMP

MUSIC SPORTS

OTHER _____

3. ARE YOU INTERESTED IN VOLUNTEERING?

YES NO

INTERESTS/SKILLS:

4. PLACE OF EMPLOYMENT?

Membership Scholarship Application



By providing the following information this allows The Salvation Army Kroc 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 Kroc Center.

Name (Printed) _____

Date _____

GETTING TO KNOW YOU

On a scale from 1 to 5 (1 strongly disagree, 5 being strongly agree), please circle what best describes you and your family?

I AM INTERESTED IN CLASSES ABOUT:

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
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.

ANNUAL HOUSEHOLD INCOME

Please complete the brief "monthly" budget outline.

EXPENSES		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	\$
TOTAL	\$	TOTAL	\$
TOTAL X 12=ANNUAL HOUSEHOLD INCOME		\$	
VERIFIED BY 2 KROC PERSONNEL		INT.	INT.

SHORT ANSWER QUESTIONS

Do you have a disability? YES NO List type: _____

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

By joining The Kroc Center, how do you hope this will positively impact you and your family?

Is there anything else you would like to share?

We value our members and desire that you benefit from the programs, opportunities and community available at The Salvation Army Kroc 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 SIGNATURE _____

DATE _____

Membership Scholarship Application



MEMBERSHIP PAYMENT INFORMATION

The goal of The Salvation Army Kroc Center is to offer convenient payment methods. Please choose between the options listed below.

INTERNAL USE:
ATTACH RECEIPT

I PREFER MONTHLY PAYMENTS

OPT 1: AUTOMATIC MONTHLY ON VISA/MASTERCARD

I authorize The Salvation Army Ray & Joan Kroc Center to charge my credit card monthly indicated below. This is an automatic withdrawal system where payment of membership dues are regularly charged to the member's bankcard around the 20th of each month—for the next month's dues.

Membership fees and dues are non-refundable.

VISA MASTERCARD

NAME (AS IT APPEARS ON CARD) _____

BILLING ADDRESS _____

CITY, STATE, ZIP _____

CARD # _____

EXPIRATION DATE (MM/YY) _____

SIGNATURE _____

I PREFER ANNUAL PAYMENTS

Member pays twelve (12) months of dues in one payment. Your expiration date will be one year from your joining date. Near the expiration of your current membership term, we will send you a renewal notice including the amount of dues for the next 12 month term.

Annual payments are non-refundable. MEMBER INITIALS: _____

CASH GIFT CERTIFICATE CHECK CHECK # _____

MONEY ORDER (MAKE PAYABLE TO "THE SALVATION ARMY KROC CENTER")

OR VISA MASTERCARD

NAME (AS IT APPEARS ON CARD) _____

BILLING ADDRESS _____

CITY, STATE, ZIP _____

CARD # _____

EXPIRATION DATE (MM/YY) _____

SIGNATURE _____

OPT 2: MONTHLY PAYMENTS MADE IN-PERSON AT THE WELCOME DESK

TERMS OF MEMBERSHIP

By signing this Membership Application, I (we) agree to the following: (1) member and any guests in his/her party will abide by the terms of this Agreement at all times during the period of membership and will comply with all rules and regulations posted or otherwise communicated to member, (2) in case of illness or injury, The Salvation Army Kroc Center is authorized to secure emergency medical treatment at the member's expense, (3) The Salvation Army Kroc Center reserves the right to remove from the facility or terminate the membership of any member who fails to comply with any posted rules and regulations or otherwise breaches the terms of this Agreement, in which case member will not be entitled to a refund of dues, (4) membership rights are not transferable, and (5) **grant permission for The Salvation Army Kroc Center to make visual recordings of all individuals listed on this form for its responsible use.**

LIABILITY WAIVER - I understand that use of the facilities and equipment at The Salvation Army Kroc Center may involve risk of bodily injury or property damage and I agree to assume any such risks. I understand that it is up to me to consult physicians and other professionals to make sure that I can safely participate in activities and events at The Salvation Army Kroc Center. I also understand and agree that by signing this Agreement, I am giving up my (or the minor for whom I sign) right to make any claim against The Salvation Army, its agents, employees and volunteers, including the right to sue them, for bodily injury or property damage or any other loss that I might suffer while using The Salvation Army Kroc Center facilities and services, except as limited by law.

NOTICE - In order to promote a safe and secure environment, The Salvation Army Kroc Center has placed video cameras in various locations. As part of our commitment to the safety of children and vulnerable persons, The Salvation Army Kroc Center reserves the right to consult public sources to determine whether any member or guest of any member poses an unreasonable risk of harm to its patrons, staff, or visitors. "If The Salvation Army has actual knowledge that an individual is a registered sex offender, such individual shall be denied access to the Ray and Joan Kroc Corps Community Center ("RJKCCC"). By signature on this document, I represent to The Salvation Army, that neither I, nor any of my guests, which may from time to time attend the RJKCCC are to my knowledge registered sex offenders in any legal jurisdiction and that furthermore, I have an affirmative duty to The Salvation Army to immediately disclose to The Salvation Army any change in my knowledge of the registered sex offender status for myself or any of my guests who may from time to time seek admittance at the RJKCCC pursuant to this Agreement."

Membership cancellations or changes to automatic payment must be submitted by the 10th of the month to be effective for the following auto payment.

MEMBER INITIALS: _____

MEMBER SIGNATURE _____ DATE _____

PARENT/GUARDIAN SIGNATURE _____ DATE _____

FOR INTERNAL USE ONLY: ACCEPTED BY _____

ENTERED BY _____ **DATE** _____

INITIAL PAYMENT:

\$ _____