

Kroc Cares Scholarship

Application & Agreement Form



Kroc Greenville is pleased to offer income-based scholarship awards to help provide access to our facility. It was Joan Kroc's vision and expectation that all individuals have equal opportunities to develop and discover their natural gifts and talents.

- Kroc Cares Scholarships may be requested for any Kroc Greenville membership and the majority of Kroc programming.
- Please complete the Kroc Cares Request Form and provide copies of all income documentation for your household. Submit application at the Membership Desk or via email to lisa.richardson@uss.salvationarmy.org.

Acceptable income documents are as follows:

Front page of most recent Federal 1040 tax return
Two most recent pay check stubs (per adult)
Social Security income benefit statement
Unemployment /Retirement benefit statement
Disability income benefit statement
Public assistance income benefit statement
Child support/Alimony income
Foster care income
Food Stamp/TANF benefit statement

- Completion of application does not guarantee assistance. Scholarships will be awarded based on eligibility, funding, timeliness, and space available in the program.
- All requests will be responded to by mail or email and will be time sensitive. Updates to the scholarship application may be submitted via email or turned in at the Membership Desk.
- Once approved, the applicant will need to register at the Membership Desk to activate their membership or program award. Awards are time sensitive and based on availability for program requested.
- Payments for memberships can be made monthly or annually. Please be prepared to make your first payment over the counter at the Membership Desk. For monthly payments, an automatic monthly withdrawal using a debit or credit card will need to be set up at time of registration.
- Recipients will be asked to provide a portion of the non-refundable registration fee when joining as a Kroc member.
- Kroc Cares Scholarships are valid for up to 1 year from the date of approval. Kroc Cares participants must re-apply 30 days prior to their membership or program expiration date to determine if they qualify for continued assistance.
- Scholarship membership and program information is confidential. Applicants agree to refrain from discussing their rate with others.
- **Incomplete applications will not be approved. Any information found to be fraudulent will result in loss or denial of the income-based rate.**

SIGNATURE: _____

Date: _____

Kroc Cares Request



SECTION 1 – APPLICANT INFORMATION

Last Name: _____ First Name: _____ MI: _____
 Address: _____ City: _____ Zip: _____
 Home Phone: _____ Cell: _____ Email: _____
 License ID #: _____ Birthdate: _____

Membership Request: Kroc Standard ____ Tennis Standard ____ Plus (Kroc + Tennis) ____

Program Request: (list program) _____

SECTION 2 – OTHER HOUSEHOLD MEMBERS: List all persons living in your household.

Name	Age	Sex	Birthdate	Relationship to Applicant	Include on the membership? Yes/No

SECTION 3 – HOUSEHOLD FINANCES: Total Household Income per month for ALL PERSONS living in the household:

Name: _____

Gross Salary from your Job _____ Occupation: _____

Bi-Weekly rate _____ Tax Return _____

Unemployment/Retirement _____ SSI/SSA _____ Disability _____ Foster Care _____

Child Support/Alimony _____ TANF/Food Stamps _____ Public assistance _____

Other, please list: _____

Name: _____

Gross Salary from your Job _____ Occupation: _____

Bi-Weekly rate _____ Tax Return _____

Unemployment/Retirement _____ SSI/SSA _____ Disability _____ Foster Care _____

Child Support/Alimony _____ TANF/Food Stamps _____ Public assistance _____

Other, please list: _____

Name: _____

Gross Salary from your Job _____ Occupation: _____

Bi-Weekly rate _____ Tax Return _____

Unemployment/Retirement _____ SSI/SSA _____ Disability _____ Foster Care _____

Child Support/Alimony _____ TANF/Food Stamps _____ Public assistance _____

Other, please list: _____

For additional adults living in the household please use a separate piece of paper and include their income information.

SECTION 4- REASON FOR REQUEST: Please list any special circumstances you would like us to consider while reviewing your application.

All members of the household age 18 –21 that will be considered for membership will need to submit a copy of their ID showing residency at applicant’s address. Attach all copies of household income verification to this application. **Incomplete applications will not be approved. Any information found to be fraudulent will result in loss or denial of the income-based rate.** This application and required income documentation are confidential information and will be used only for scholarship reviews. Applications are processed bi-weekly. Applicants will be contacted via email or direct mail regarding their application status.

SIGNATURE: _____

Date: _____