



Kroc Cares Scholarship Membership and Program

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 opportunity 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 to the Membership Desk or via email to lisa.richardson@uss.salvationarmy.org or mail to 424 Westfield Street Greenville, SC 29601.

Please submit all relevant documentation listed below.

- First page of most recent Federal 1040 tax return
 - Two most recent paycheck 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.
 - **All requests are time sensitive and will be responded to by email.** 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 card will need to be set up at time of registration.
 - There is a non-refundable registration fee upon joining.
 - Requests for program scholarships must be submitted seasonally. Kroc Cares participants must re-apply 30 days prior to their membership 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 rates with others
 - Incomplete applications will not be reviewed. Any information found to be fraudulent will result in loss or denial of income-base rate.

Signature: _____

Date: _____

Section 1 – Applicant Information

Full Name: _____ DOB: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Email: _____

Membership Request: Kroc ___ Tennis ___ Plus (Kroc + Tennis) ___

Program Request: (List Program) _____

Section 2 – Other Household Members: List all persons living in your household.

Name	Age	Gender	DOB	Relationship	Include on the membership Yes/No

Section 3 – Reason for Request: Please list any special circumstances you would like us to consider while reviewing your application.

Section 4 – Household Finances: Total household income **per month for all persons living in the household:**

	Family Member 1	Family Member 2	Family Member 3	Family Member 4
Full Name				
Gross Salary				
Occupation				
Bi-Weekly Rate				
Tax Return				
Unemployment /Retirement				
SSI/SSA				
Disability				
Foster Care				
Child Support/ Alimony				
TANF/ Food Stamps				
Public Assistance				
Other				

All members of the household ages 18-21 will need to submit a copy of their ID showing residency at applicant’s address. Attach all copies of the 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 only used for scholarship reviews. Applications are processed monthly. **Applicants will be contacted via email regarding their application status.**

Signature: _____

Date:_____