

Confidential



APPLICANT NAME: _____



The Salvation Army Ray & Joan Kroc Corps Community Center, 1250 W. 119th St, Chicago, Illinois 60643

Scholarship Documentation

Check all that apply and attach **copies** of appropriate documents for each.

(Required from all applicants)

- ☐ Photo ID for all adults (18+) in the household (Driver's License or State ID).
- ☐ Identification of all dependents under 18 (Medical Card, Birth Certificate, or Report Card)
- ☐ Proof of Address for all adults in household via ID or mail.
- ☐ 2 Pay stubs for each wage earner or Tax returns (if employed) (most recent)

(Information detailing assistance if applicable)

- | | |
|--|--|
| <input type="checkbox"/> Cash Assistance (FIP), (RCA) | <input type="checkbox"/> TANF (Temporary Assistance to Needy Families) |
| <input type="checkbox"/> Housing Assistance (HAP) | <input type="checkbox"/> Foster Care Subsidiary Letter |
| <input type="checkbox"/> Food Assistance (FAP), (SNAP) | <input type="checkbox"/> Student Loan Disbursement Letter |
| <input type="checkbox"/> Social Security Administration Letter | <input type="checkbox"/> Child Support |
| <input type="checkbox"/> Unemployment Statement | <input type="checkbox"/> Alimony |
| <input type="checkbox"/> Retirement | <input type="checkbox"/> Proof of expenses |
| <input type="checkbox"/> Pension | <input type="checkbox"/> Any other income that pays expenses (List) |

In applying for the Ray and Joan Kroc Corps Community Center scholarship I affirm that I am in need of financial assistance and I have disclosed all financial income and expense documents that are applicable to my case. understand that failure to provide all necessary documentation may result in the denial of my application.

Signature: _____

Date: _____

FRONT DESK USE ONLY

Check each line that the application is thoroughly completed and appropriate documents are included.

- _____ Copy of Photo ID is included for all adults (18+) in the household (Driver's License or State ID).
- _____ Proof of residence for all adults in household is attached (ID or Mail).
- _____ 2 Pay stubs or Tax returns (for all adults if employed) (most recent)
- _____ Information detailing assistance that is checked above.
- _____ Any other income/ assistance documentation that is marked by the applicant above
- _____ Identification of all dependents under 18 (Medical Card, Birth Certificate, or Report Card)
- _____ Proof of expense (Rent, Medical Bills, Utilities, Insurance, Phone, etc.)

Date Application Received: _____

Chicago Kroc Center Scholarship Program

The Salvation Army Kroc Center offers a scholarship program to help provide greater access to membership to this facility. Our mission is to share the love of Jesus Christ by providing life-changing spiritual, educational and wellness experiences.

Scholarship applications are accepted based on availability and applicant eligibility.

The Salvation Army Kroc Center does not grant 100% Scholarships.

Please provide copies of all documents. We cannot accept originals or make copies of financial information.

ALL IDENTIFICATION MUST BE SUBMITTED TOGETHER AT ONE TIME WITH THE APPLICATION.

To help committee understand your specific case a one page letter may be submitted (optional).

For security purposes, please black out all social security and bank account numbers.

I understand that (initial each line)

_____ Scholarship memberships are valid for *one year*. At the end of the year, the scholarship member must reapply for the program and provide a new application and income information.

_____ The Kroc Center must be utilized a minimum of *three times* per month by any member on the scholarship membership. If this requirement is not met, the Kroc Center reserves the right to revoke a scholarship.

_____ An adult membership begins at the age of 19. A family membership is defined as a household with 1 or 2 adults (19 or over) and minor legal dependents living in that household. The two exceptions are as follows: If the third adult is disabled and is legally dependent on the adult 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.

_____ Because of the nature of the scholarship program participants may only pay in person monthly.

_____ Scholarship funds can *only* be used for standard memberships.

_____ Scholarship members are not permitted to put their membership on hold, except in the case of medical emergency, which will be at the discretion of the scholarship committee.

_____ If your scholarship lapses more than 90 days without payment, you will need to back-pay or reapply.

_____ Scholarship members are not permitted to add, remove or replace members from their membership.

_____ If a scholarship member is cancelled or expires because of non-payment, the scholarship member may not be eligible for re-application in the future.

_____ The scholarship membership must be redeemed in the time allotted by the scholarship committee and will not be accepted at a later date.

_____ If at any time during your scholarship year, you no longer need a scholarship due to financial income changes, please switch to a regular membership, thus allowing another person/family to take advantage of the scholarship.

_____ Scholarship members must adhere to Kroc Center guidelines and code of conduct.

_____ Scholarship guidelines are subject to change.

I, _____, understand the guidelines of the scholarship program and agree to abide by them. I understand that failure to do so may result in the revocation of my scholarship membership at The Salvation Army Kroc Center.

SIGNATURE

DATE

ADMINISTRATIVE USE ONLY

SALVATION ARMY WITNESS SIGNATURE

DATE

APPLICANT INFORMATION

NAME (FIRST,M.I., LAST) _____

Address _____

City _____ State _____ Zip _____

Main Phone _____ Other Phone _____

Birthdate (MM/DD/YY) _____ Age _____

Email _____ Employer _____

ALL PERSONS LIVING IN HOUSEHOLD

Do you share expenses? _____

Total number of people in household: _____

Have you received a scholarship with us before? _____ If so when? _____

PARENT/ ADULT NAME _____ BIRTHDATE _____ Male /Female _____

PARENT/ ADULT NAME _____ BIRTHDATE _____ Male /Female _____

DEPENDENT NAME _____ BIRTHDATE _____ Male /Female _____

DEPENDENT NAME _____ BIRTHDATE _____ Male /Female _____

DEPENDENT NAME _____ BIRTHDATE _____ Male /Female _____

DEPENDENT NAME _____ BIRTHDATE _____ Male /Female _____

DEPENDENT NAME _____ BIRTHDATE _____ Male /Female _____

DEPENDENT NAME _____ BIRTHDATE _____ Male /Female _____

I AM APPLYING FOR (Select one)

- ☐ ADULT MEMBERSHIP
- ☐ FAMILY MEMBERSHIP (5)*
- ☐ ONE ADULT & ONE YOUTH
- ☐ YOUTH MEMBERSHIP



How would you like to be contacted?

- ☐ Phone
- ☐ Email
- ☐ Postal Mail

Would you like your youth to be a member of A.C.C.E.S.S?

- ☐ Yes
- ☐ No

*A Family Membership includes 5 family members.

Additional family members will raise the membership by \$10 per additional member.

Maximum 10 per family.

Maximum 4 adults per family.

Short Answer Questions

(additional letter is optional)

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

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

Is there anything else you would like to share?

Is there anything you would like our prayer team to pray for?

Monthly Expenses		Monthly Income		ADMINISTRATIVE USE ONLY	
Rent	\$	Wage	\$	Monthly Income (X 12)	
Utilities	\$	Unemployment	\$		
Food	\$	Child Support	\$	# Individuals in Household	
Phone	\$	SS Income	\$		
Credit Card Payments	\$	Public Assistance	\$	% Scholarship Approved for	
Car Payments	\$	VA Benefits	\$		
Insurance	\$	SS Disability	\$	Start Date	
Child Support	\$	Other _____	\$		
Other _____	\$	Other _____	\$	Expiration Date	
Other _____	\$	Other _____	\$		
Total	\$	Total	\$		