

Program / Camp 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.
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 workshop or setup a meeting. If you do not attend a workshop or setup a 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. All members of the family are eligible for one class per session (exceptions apply for camp and private lessons).
- _____ 4. Scholarship recipients are expected to financially contribute toward the program cost. If awarded, recipients will be asked to pay 50% of a program cost (exceptions apply for camp and private lessons).
- _____ 5. It is important that scholarships are awarded to individuals who use the center. We require a scholarship member to attend at least 80% of the program activities or lose the scholarship for the remainder of the year.
- _____ 6. All scholarships are confidential. Applicants agree to refrain from discussing awards with others.
- _____ 7. Changes allowed to a Program Scholarship 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 Scholarship Coordinator before they are implemented.



900 West Western Ave
South Bend, Indiana 46601
574 233 9471 www.mykroc.org

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

ENROLLMENT FORM

Use this form to sign-up for classes, programs, leagues and teams.



PRIMARY ADULT AND HOUSEHOLD INFORMATION

LAST NAME, FIRST NAME _____ DATE _____

PHONE _____ EMAIL ADDRESS _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

THIS PERSON IS: A PARENT/GUARDIAN AN EMERGENCY CONTACT AUTHORIZED TO PICK UP MY CHILD

ADDITIONAL CONTACTS

THIS PERSON IS: A PARENT/GUARDIAN AN EMERGENCY CONTACT AUTHORIZED TO PICK UP MY CHILD

NAME _____ MALE FEMALE

EMAIL _____ RELATIONSHIP TO CHILD _____

PHONE: HOME _____ MOBILE _____ WORK _____

THIS PERSON IS: A PARENT/GUARDIAN AN EMERGENCY CONTACT AUTHORIZED TO PICK UP MY CHILD

NAME _____ MALE FEMALE

EMAIL _____ RELATIONSHIP TO CHILD _____

PHONE: HOME _____ MOBILE _____ WORK _____

CLASS INFORMATION

CLASS/PROGRAM NAME	DATES	DAYS	TIME	PARTICIPANTS NAME	SHIRT SIZE	DATE OF BIRTH	GRADE	FEE \$

SUBTOTAL	\$
LESS GOLD MEMBER 10% DISCOUNT	-
GRAND TOTAL	\$

SPECIAL REQUESTS

Please list any special needs, allergies, medication, learning disabilities or any other information we may need to make your experience a positive one.

PAYMENT INFORMATION

I AM PAYING WITH CASH/CHECK CHECK # CHARGE MY CREDIT CARD VISA MASTERCARD

I authorize The Salvation Army Kroc Center to charge my credit card indicated below.

NAME (AS IT APPEARS ON CARD)

CARD NUMBER

SIGNATURE

EXPIRATION DATE (MM/YY)

TODAY'S DATE

LIABILITY WAIVER

My child has permission to self sign out at the conclusion of this program each day. MEMBER INITIALS: _____

By signing this document I (we) agree to the following terms: In case of illness or accident The Salvation Army Kroc Center is authorized to secure emergency medical treatment at my expense. The Salvation Army Kroc Center reserves the right to dismiss any participant who does not show respect for the facility, including but not limited to: property, equipment, policies, other members and staff. Members who are dismissed will not be given a refund of fees paid. The Salvation Army Kroc Center assumes no responsibility for personal property that is either in or out of lockers. By signing this Class/Program Enrollment Form, I (we) hereby waive any and all claims against The Salvation Army Kroc Center. 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. The Salvation Army Ray and Joan Kroc Corps Community Center may use the above listed participants photo for promotional purposes. For information regarding The Kroc Center's cancellation policy, please see the program guide.

NAME, PLEASE PRINT

DATE

SIGNATURE

YOUTH PARTICIPANT (PARENT/GUARDIAN SIGNATURE)

CHILD MEDICAL FORM

This form will be on hand at all activities. It must be presented upon admission for treatment.

STUDENT'S FULL NAME

BIRTH DATE

AGE

Participant Medical Information

HEALTH INSURANCE PROVIDER POLICY NUMBER: _____

CITY AND STATE:

PHONE:

PHYSICIAN'S NAME:

PHONE:

DENTIST/ORTHODONTIST NAME:

PHONE:

Does camper have any of the following conditions?

- | | |
|--|--|
| <input type="radio"/> Asthma | <input type="radio"/> Sinus Trouble |
| <input type="radio"/> Allergies (general) | <input type="radio"/> Sleep Walking |
| <input type="radio"/> Bee sting allergy | <input type="radio"/> Bed Wetting |
| <input type="radio"/> Poison oak allergy | <input type="radio"/> Frequent ear infections |
| <input type="radio"/> Car/motion sickness | <input type="radio"/> Diabetes |
| <input type="radio"/> Bowel/bladder problems | <input type="radio"/> Blood/clotting disorders |
| <input type="radio"/> Epilepsy/convulsions | <input type="radio"/> Fainting/dizzy spells |
| <input type="radio"/> Hay fever | <input type="radio"/> Nosebleeds |
| <input type="radio"/> Heart trouble/murmur | <input type="radio"/> Hypertension |
| <input type="radio"/> Headaches | <input type="radio"/> Other (Please explain) _____ |
| <input type="radio"/> Backaches/weak back | _____ |
| <input type="radio"/> Respiratory problems | _____ |

Does participant have any food or drug allergies or special dietary requirements? Yes No If Yes, Please Explain: _____

Has participant ever had any serious injuries or operations?

Yes No If Yes, Please Explain: _____

Has participant Ever Required Psychiatric Counseling Or Hospitalization?

Yes No If Yes, Please Explain: _____

Is participant Required To Take Any Medications? Yes No

If Yes, Please Explain: (Medication, Name, Reason, Dosage, Taken, When, Etc): _____

Mark the month and year the camper had the following immunizations:

Tetanus

Measles

Is participant Capable Of Participating In Strenuous Activities?

Yes No If No, Please Explain: _____
