



SCHOLARSHIP PROGRAM

To be considered for our scholarship program, complete and sign The Salvation Army Ray and Joan Kroc Corps Community Center scholarship application. Please note that incomplete applications will not be processed. For questions regarding the application, please contact our Member Services Department at **215 558 1540**.

INSTRUCTIONS

1. Read, sign, and date the SCHOLARSHIP PROGRAM AGREEMENT FORM (page 2)
2. Complete, sign, and date all areas of the SCHOLARSHIP REQUEST FORM (page 3):
 - a. **Personal Contact Information:** all information is required.
 - b. **Scholarship Information:**
 - i. Indicate the total number of individuals that will be on the membership plan (youth memberships may only be added to a parent or guardian account).
 - ii. Please note that qualifying Household memberships can include a maximum of 2 adults (age 25 and older). All members on the application must reside in the same household. Verification of household address and ages of members is required.
 - c. **Yearly Household Income:** this area must be a true representation of the household annual income (see below for sources of income).
 - i. Attach all copies of income verification to this application (we cannot process the application without this information; please provide your own copies, as we are not able to make copies).
 - ii. Do not include food stamps as a source of income.
 - iii. The income of all household members must be included.
 - d. **Reason for Request:** use this area to communicate any special circumstances regarding your request.

INCOME

Sources of income may include, but is not limited to:

Employment/Contractor Wages	Child Support	Foster Care
Social Security	Pension	Disability
Unemployment Compensation	Alimony	Public Assistance

Proof of income may include, but is not limited to:

Required for all wage earners:

Page one (1) of Federal Income tax return

Optional:

*Current pay stub detail or earnings statement
Social Security Administration information letter
Unemployment Notice of Financial Determination
PA Child Support Program payment information
Pension Administration letter*

SCHOLARSHIP PROGRAM AGREEMENT FORM

It was Joan Kroc's vision and expectation that all individuals have equal opportunity to develop their natural gifts and talents. We are pleased to offer this scholarship program that will assist in providing access to The Salvation Army Ray and Joan Kroc Corps Community Center and thank you for your interest in participating.

PLEASE READ THE FOLLOWING INSTRUCTIONS CAREFULLY

Complete and sign all paperwork. Provide copies of proof of income as requested. Mail to or drop off at The Salvation Army Kroc Center, 4200 Wissahickon Avenue Philadelphia, PA 19129. **Incomplete applications will not be processed.**

Scholarships will be awarded based on eligibility, funding, timeliness, and space available. Submission of the application does not guarantee assistance. The Center will respond to all requests via U.S. mail.

Scholarship recipients will pay a percentage of the applicable membership rate, based on financial and other eligibility. Enrollment fees are waived. Additional charges may apply for other programs and services. Additional scholarship programs may exist for day camp and education programs.

Membership scholarships are valid until April 30th of the following year. Re-application is required prior to the end of this time period. If re-application is not completed and/or approved, member is required to pay the full membership fee for continued participation. Member terms of cancellation apply to all scholarship plans.

Non-use and/or non-payment of your Salvation Army Kroc Center membership may result in the termination of scholarship assistance.

All scholarship information is confidential. Applicants agree to refrain from discussing awards with others.

All applications are reviewed and processed as they are received. Applicants will generally receive notification within fourteen (14) days of submission of a completed application. If approved, the applicant must present the award letter stamped "APPROVED" when completing the Center's membership application. Scholarship approvals must be redeemed, in person, at the Center within 14 days of notification. If the membership application is not completed within this time period, the scholarship request and accompanying documents must be resubmitted for consideration of scholarship assistance.

By signing below, I verify that I understand and accept the terms of The Salvation Army Kroc Center Scholarship Program.

SIGNATURE _____

DATE _____

PRINT NAME _____

SCHOLARSHIP REQUEST PROGRAM

PERSONAL CONTACT INFORMATION

FIRST NAME	LAST NAME	DATE
BIRTHDATE	PHONE (HOME)	PHONE (CELL)
ADDRESS		
CITY	STATE	ZIP
EMAIL		
GENDER	<input type="radio"/> MALE	<input type="radio"/> FEMALE

YEARLY HOUSEHOLD INCOME

Please attach current documents to verify each source of income. Applications without proof of income cannot be processed. In the space to the right, provide total yearly amounts for all categories with income received for all household members. **Check all that apply.**

<input type="radio"/> Employment	_____
<input type="radio"/> Self Employment	_____
<input type="radio"/> Social security	_____
<input type="radio"/> Unemployment	_____
<input type="radio"/> Pension	_____
<input type="radio"/> Public Assistance (cash)	_____
<input type="radio"/> Alimony	_____
<input type="radio"/> Child Support	_____
<input type="radio"/> Foster Care	_____
<input type="radio"/> Other:	_____
Total Yearly Income _____	

HOUSEHOLD MEMBERS

Beginning with the applicant, please list all household members included on the membership.

**Youth memberships must be associated with an adult or senior membership*

NAME	BIRTHDATE	GENDER	relationship to primary adult
		<input type="radio"/> m <input type="radio"/> f	
		<input type="radio"/> m <input type="radio"/> f	
		<input type="radio"/> m <input type="radio"/> f	
		<input type="radio"/> m <input type="radio"/> f	
		<input type="radio"/> m <input type="radio"/> f	
		<input type="radio"/> m <input type="radio"/> f	
		<input type="radio"/> m <input type="radio"/> f	

REASON FOR REQUEST (Please list any special circumstances you would like known)

This application and required income documentation are confidential information and will be used only for scholarship recommendations.

REQUESTED BY (SIGNATURE) _____ DATE _____

Any membership changes must be approved by the Center's scholarship committee. Changes will not be immediate.



RAY & JOAN KROC CENTER
of Philadelphia

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4200 Wissahickon Avenue | Philadelphia, PA 19129
www.SalvationArmyKrocCenter.org

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