

KROC CENTER SCHOLARSHIP FORM



Please read carefully and follow the step-by-step instructions to complete your scholarship application.

1. This envelope includes the Scholarship Program Instruction Form, The Scholarship Agreement Form, The Scholarship Request Form, and The Kroc Center Membership Rates.
2. Please read the Scholarship Agreement Form, sign and date the bottom of the paper.
3. **Attach all following copies to the application.**

This includes all income types;

- Job income
- SNAP benefits
- Alimony/child support
- Retirement
- TANF
- Etc.

This includes all current expenses;

- Rent/Mortgage
- Auto Loan
- Utilities
- Child Support
- Phone
- Etc.

4. You will be notified of your scholarship opportunity by mail.
5. **When you receive your scholarship verification from the Kroc Center, please you come into set up your membership. Please Note: Your membership must be activated within 30 days of receiving your scholarship award letter. Please call within the first 15 days to ensure you meet the 30 day deadline.**
6. The membership services staff will work with you to complete the membership application, program your information into the computer, accept your payment, take your picture and issue your membership card.
7. When you have completed the included forms, you must insert all the forms and your income information in the provided envelope. You can then mail the SEALED envelope to:

RJKCC
Attn: Jeff Koonce; Director of Operations
PO Box 208
Biloxi, MS 39533

Or you can bring the **SEALED** envelope to The Kroc Center and give it to the Membership Personnel on duty.

Thank you!! We look forward to seeing you soon!

Mississippi Gulf Coast Kroc Center Scholarship Application

Personal Information:

Name: _____ Birthdate: _____ Home Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Are you a full time student? _____ If yes, where? _____

Are you married? _____ Total number of dependents: _____ Is spouse a full time student? _____

List names (last names also) and ages of all persons in the household.

Your household includes all dependents you claim on your federal income tax return.

1. _____ DOB _____
2. _____ DOB _____
3. _____ DOB _____
4. _____ DOB _____
5. _____ DOB _____
6. _____ DOB _____

EMPLOYMENT INFORMATION:

Employer: _____ Work Phone: _____

Address: _____ City: _____ State: _____ ZIP: _____

Position: _____ Length of Employment: _____ Part-time Full-time

Gross Monthly Income: _____ Supervisor's Name: _____

Spouse's Employer: _____ Work Phone: _____

Address: _____ City: _____ State: _____ ZIP: _____

Position: _____ Length of Employment: _____ Part-time Full-time



Income/Expenses Worksheet

(Copies of the following must be included in order to be considered for a scholarship.)

Income:

- \$_____ 1) Your Gross Monthly Income
- \$_____ 2) Spouse's Gross Monthly Income
- \$_____ 3) Child Support
- \$_____ 4) TANF
- \$_____ 5) Welfare (submit copy of card)
- \$_____ 6) SNAP benefits
- Y___N___ 7) Reduced lunch program
(submit copy of card)
- \$_____ 8) Other (please explain)

\$_____ TOTAL GROSS MONTHLY INCOME
(HOUSEHOLD)

\$_____ TOTAL GROSS ANNUAL INCOME
(HOUSEHOLD)

Expenses:

- \$_____ 1) Rent/Mortgage (Circle one)
- \$_____ 2) Auto Loan
- \$_____ 3) Utilities
- \$_____ 4) Child Support
- \$_____ 5) Phone (listed in your name)
- \$_____ 6) Medical
- \$_____ 7) Child Care
- \$_____ 8) Food/Gas
- \$_____ 9) Clothing
- \$_____ 10) Other

\$_____ TOTAL EXPENSES

Do you share expenses with anyone else in your household? _____ Total number in household _____

How much can you afford to pay? \$_____

Reason for applying (or reapplying) for the Scholarship Program? (Attach letter if needed)

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

NOTICE: In order to promote a safe and secure environment, The Salvation Army Ray and Joan Kroc Corps Community Center has placed video cameras in various locations as a part of the commitment to the safety of children and vulnerable persons. The Salvation Army Ray and Joan Kroc Corps Community Center reserves the right to consult public sources to determine whether any member or guest of any member poses an unreasonable risk or harm to its patrons, staff or visitors.

Signature: _____ Date: _____

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Kroc Center Scholarship Program

The Salvation Army Ray and Joan Kroc Corps Community Center is pleased to provide a comprehensive scholarship program to help provide access to this facility. It was Joan Kroc's vision and expectation that all individuals have equal opportunities to grow their natural gifts and talents. The Kroc Center is a world-class facility allowing just that; an equal opportunity which allows each person the chance to discover their natural gifts. We are delighted that you are interested in participating.

Please read carefully

1. Please be patient after submitting your Scholarship Program application. Scholarship applications can take up to 4-6 weeks for processing.
2. Please complete the attached application and provide copies of proof of income (**acceptable proofs: 2 current pay stubs, TANF Notice of Action, child support/alimony, SS information, SNAP benefit information, Unemployment statements, first 2 pages of your Federal Tax return, etc.**). Incomplete applications will be returned. ***Any information found to be fraudulent will lead to the revocation of your scholarship and denial for a membership package.***
3. Completion of application does not guarantee assistance. Scholarships will be awarded based on eligibility, funding, timeliness and space available.
4. **All requests will be responded to by mail.** Once approved the applicant is invited to come into the Salvation Army Kroc Center (within a 15 day period after receiving the letter) and to set up his or her membership with the Scholarship coordinator.
5. You may make your membership payments in one of the following ways: You may set up an automatic monthly withdrawal (recommended) through your checking, savings or credit card account; or if you choose you may pay a monthly cash installment. Should you lapse on your payment schedule we reserve the right to terminate the scholarship award.
6. Registration fees are waived.
7. There is no scholarship benefit for activities that fall outside of the Membership, Programs or Activities (such as food or drinks at the café or merchandise, etc)
8. **Non-use of your Kroc Center membership may result in discontinued Scholarship assistance.**
9. **Scholarships are valid for 12 months from approval.** *Re-applying will be required* at the end of the scholarship period and continued use will be dependent upon financial information and the frequency of previous use at the Kroc Center. **If you are not re-awarded a scholarship after reapplying, you may maintain your membership as a standard membership and not pay the registration fee if you choose to continue within 60 days of being denied.**
10. All scholarships are confidential. Applicants agree to refrain from discussing awards with others.
11. **Please sign as verification of your understanding and acceptance of the Kroc Center Scholarship Program.**

Signature _____ Date _____

Print Name _____

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- Kroc Cares scholarship recipients are asked to provide a non-refundable registration fee based on financial eligibility. A new registration fee will not be required as long as your membership is never cancelled. This is a one-time fee only assessed when initially joining.
- If your payment is ever returned or not made on time, we have the right to cancel your membership.
- Non-use of a membership may result in discontinued assistance. Kroc Cares Scholarship members are expected to visit the Kroc Center a minimum of 3 times per month. Should you fail to meet this requirement, we reserve the right to terminate the membership.
- Kroc Cares scholarships are valid for one year from the date of registration.
- Kroc Cares scholarship recipients must reapply 30 days prior to their expiration date to be approved for the upcoming year. If your membership expires due to non-use or non-payment, you will not be allowed to reapply for a Kroc Cares scholarship membership for 6 months from the date of termination.
- Kroc Cares scholarship recipients may be eligible to receive discounts on select Kroc Center sponsored activities/programs. Please see the Membership Coordinator for more information.
- All Kroc Cares Scholarship information is confidential. Applicants agree not to discuss their application or discuss discounts with others.

Applicant Signature: _____

Date: _____

Staff Signature: _____

Date: _____

If you have any questions about your discount, membership, or facility please call me at 228-374-9104. We hope to see you soon.