



**WHITIN COMMUNITY CENTER
MEMBERSHIP SCHOLARSHIP PROGRAM
FINANCIAL DECLARATION**

Head of Family Name: _____ Phone# _____

Mailing Address: _____

Dear Applicant: The Whitin Community Center is pleased to offer membership scholarships to qualifying families. A condition of receiving a scholarship is that the applicant must meet low to medium income eligibility as defined by the Department of Housing & Urban Development (HUD). The information you provide will be kept **confidential and will not be shared**.

1) Please CIRCLE the number of persons who reside in your household in the first row of the table below:

Household Size (Please Circle #)	1	2	3	4	5	6	7	8
Income Level 1	\$30,800	\$35,200	\$39,600	\$43,950	\$47,500	\$51,000	\$54,500	\$58,050
Income Level 2	\$45,500	\$52,000	\$58,500	\$65,000	\$70,200	\$75,400	\$80,600	\$85,800

Note: For the purpose of this form, "Total Household Income" includes all income received by ALL the members of your household age 18 or older, whether related or not. Income includes wages, earnings from self-employment, social security benefits, public assistance, pensions, alimony and/or child support, interest, dividends, etc.

DO NOT LEAVE BLANK

2) Is your total household income for the last twelve (12) months equal to or less than the amount indicated in the row labeled "Income Level 1" for the size of your family?

YES _____ NO _____

If you answered "NO" to the question above, is your total household income for the last twelve months equal to or less than the amount indicated in the row labeled "Income Level 2" for the size of your family? YES _____ NO _____

3) We certify that the information presented above is true and correct to the best of our knowledge.

Name (print)

Signature

Date

Name (print)

Signature

Date

MEMBERSHIP INFORMATION:

HEAD OF FAMILY: _____

Date of Birth: _____

Employer: _____

If Family Membership, please complete the following;

(Note: All members must reside in the same household in order to qualify for Family Membership)

2nd Adult: _____

Date of Birth: _____

Employer: _____

1st Child's Name: _____

2nd Child's Name: _____

Date Of Birth: _____

Date of Birth: _____

3rd Child's Name: _____

4th Child's Name: _____

Date Of Birth: _____

Date of Birth: _____

5th Child's Name: _____

6th Child's Name: _____

Date Of Birth: _____

Date of Birth: _____

MAILING ADDRESS: _____

ZIP: _____

Email address: _____

NOTE: Please attach a copy of income verification; tax return, social security award, disability compensation, etc.

Once membership is processed, a tour of the facility will be provided. Each member of the family must come into the center to have their picture taken for our file and receive their membership card. Our staff will be available to review our scheduling information, facility guidelines, and all programming options. As a member, anyone 14 years of age and older has access to our Fitness Center after a scheduled orientation. Our facility also offers 2 swimming pools, aerobics programs, racquetball, tennis, basketball, spinning, and children's programs. For more information or questions please feel free to contact Karen Boyle, Director of Operations and Member Services, at 234-8184, ext 119 or at Karen.Boyle@OurGym.org.

All membership scholarship applications are reviewed and final determinations made by the Whitin Community Center's CEO, Gary Wood. The amount of money available for such scholarships each year is dependent upon money raised through donations, grants, and fundraising events. Scholarships will be reviewed on a first-come, first served basis and all applicants will be notified of the final decision.