



**WHITIN COMMUNITY CENTER
2021 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 mark the number of persons who reside in your household in the first row of the table below:

Household Size	1	2	3	4	5	6	7	8
Income Level 1	\$34,600	\$39,550	\$44,500	\$49,400	\$53,400	\$57,350	\$61,300	\$65,250
Income Level 2	\$55,350	\$63,250	\$71,150	\$79,050	\$85,400	\$91,700	\$98,050	\$104,350

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 (net amount from schedule c), social security benefits, public assistance, pensions, alimony and/or child support, interest, dividends, etc. **Please attach a 2019 or 2020 Income Tax summary for all wage earners.**

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

4) Provide information for all applicants.

MEMBERSHIP INFORMATION:

Adult/Youth or 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: _____ Date of Birth: _____

2nd Child's Name: _____ Date of Birth: _____

3rd Child's Name: _____ Date of Birth: _____

4th Child's Name: _____ Date of Birth: _____

5th Child's Name: _____ Date of Birth: _____

6th Child's Name: _____ Date of Birth: _____

Mailing Address: _____ Town: _____ ZIP: _____

Email Address: _____

5) Please attach a copy of your most recent Federal tax return (summary only) for all wage earners and copies of all additional income sources including wages, earnings from self-employment, social security benefits, public assistance, pensions, alimony and/or child support, interest, dividends, etc.

Once membership is processed, a tour of the facility will be provided. Each member of the family must come into the Whitin Community 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/TRX/Barre Fusion and Children's Programs. For more information or questions please feel free to contact Karen Boyle, Director of Member Services, at 234-8184, ext 119 or at Karen.Boyle@OurGym.org.

All membership scholarship applications are reviewed and final determination is made by the Whitin Community Center's Scholarship Committee. The amount of money available for such scholarships each year is dependent upon money raised through donations, grants and

fundraising events. Scholarship applications (paperwork that have been submitted with all required documentation) will be reviewed and awarded on a first come, first serve basis and all applicants will be notified of the final decision.

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

Name (print)	Signature	Date
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