



**WHITIN COMMUNITY CENTER
2024 SCHOLARSHIP APPLICATION
FINANCIAL DECLARATION**

Head of Household Name: _____ Phone: _____
 Residential Address: _____
 Email: _____

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 total number of persons who reside in your household in the first row of the table:

Size	1	2	3	4	5	6	7	8
Income Level 1	\$40,950	\$46,800	\$52,650	\$58,500	\$63,200	\$67,900	\$72,550	\$77,250
Income Level 2	\$65,550	\$74,900	\$84,250	\$93,600	\$101,100	\$108,600	\$116,100	\$123,600

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.

DO NOT LEAVE THE FOLLOWING QUESTIONS 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

3. 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. Please complete the following for ALL household members regardless of request:

Adult/Youth/Head of Household: _____

Date Of Birth: _____ Age: _____ Requesting Membership: Yes No

*****Note:** All members must reside in the same household to qualify for Family Membership

2nd Household Member: _____
Date Of Birth: _____ Age: _____ Requesting Membership: Yes No

3rd Household Member: _____
Date Of Birth: _____ Age: _____ Requesting Membership: Yes No

4th Household Member: _____
Date Of Birth: _____ Age: _____ Requesting Membership: Yes No

5th Household Member: _____
Date Of Birth: _____ Age: _____ Requesting Membership: Yes No

6th Household Member: _____
Date Of Birth: _____ Age: _____ Requesting Membership: Yes No

7th Household Member: _____
Date Of Birth: _____ Age: _____ Requesting Membership: Yes No

Mailing Address: _____ Town: _____ ZIP: _____
Email Address: _____

5. Please attach a copy of your most recent year's Federal tax return form 1040 (2023 or 2022) in full for ALL wage earners in your household. Applications without a complete copy of form 1040 will not be considered for the award. Town of Northbridge Residents: also attach a copy of a utilities bill in the Head of Household's name and address.

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| 6. Are you also interested in a swim lesson scholarship? | Yes | No |
| 7. Are you also interested in a summer camp scholarship? | Yes | No |

All 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 (this form plus required financial documentation), will be reviewed and awarded on a first come, first served basis. Any financial assistance awarded will not be retroactive. Please allow up to 4 weeks for review. All applicants will be notified of the final decision. If you have any scholarship questions, please contact Finance@OurGym.org.

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

Name (Print) Signature Date