



**Monthly Income**

Please include all forms of income you receive including current job, disability, unemployment, retirement, social security, child support, alimony, etc. \* For Family & Couple memberships, each working adult needs to provide their proof of income.

Your monthly paycheck (gross)	\$ _____
Spouse's monthly paycheck (gross)	\$ _____
Food Stamps	\$ _____
Unemployment	\$ _____
Child Support	\$ _____
Alimony	\$ _____
Retirement	\$ _____
Social Security	\$ _____
Disability	\$ _____
SSI	\$ _____
Housing (Rental) Assistance	\$ _____
Other	\$ _____
<b>Total monthly income</b>	<b>\$ _____</b>

Amount you are able to pay towards membership each month \$ \_\_\_\_\_ **\*REQUIRED**

Amount you are able to pay towards the program applying for \$ \_\_\_\_\_ **\*REQUIRED- if applicable**

So that we can better serve you, please share what you hope to gain from membership or program participation.

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**Release Form**

It will be necessary to update your information in order to keep your file current. We will send you a renewal notice in the mail prior to your review date. Your fees are subject to change when you renew. If you do not renew when requested, your membership may be terminated. Unless stated otherwise, financial aid is for a one-year period.

I verify that all the information submitted is correct, complete and accurate. I understand that future information may be requested in order to keep my scholarship valid. **I also understand that my application will be held for one month after notification of approval.**

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_