



Scholarship Application

The Spirit Club Foundation may provide \$25, \$50 or \$100 monthly scholarships for specific fitness & wellness programs based on financial need, as defined by the Spirit Club Foundation.

PLEASE COMPLETE THE FOLLOWING:

Applicant Name: _____ Request Date: _____

Please select which program you would like your *monthly* scholarship to go towards:

- Spirit Club 1x/week Group Classes = \$25 scholarship
- Spirit Club 2x/week Group Classes = \$50 scholarship
- Spirit Club Personal Training = \$50 scholarship
- PCR Fitness Class = \$25 scholarship
- UCR Fitness Class = \$25 scholarship
- Therafit Gym Personal Training = \$50 scholarship

Please specify your (applicant's) monthly income: _____

Please circle any funding source that you (applicant) are receiving:

DDA Social Security SSDI Respite LISS Other: _____

Have you received a scholarship from us in the past? YES NO

By signing below, you (applicant or applicant's guardian) is agreeing that the applicant will participate in the program selected above.

Member/Guardian Signature: _____

Please email this form to:
Steve Allen - sallen@spiritclubfoundation.org
240.204.1144