



**Please complete the applicant information below:**

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

EMAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ ETHNICITY (optional): \_\_\_\_\_

DIAGNOSED DISABILITY: \_\_\_\_\_

MONTHLY INCOME: \_\_\_\_\_ EMPLOYER (if applicable): \_\_\_\_\_

**Please circle any funding source the applicant is receiving:**

DDA Social Security SSDI Respite LISS Employment Other:

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

**Please select the scholarship option you are applying for:**

- 1x/week Group Classes = \$25/month scholarship
- 2x/week Group Classes = \$50/month scholarship
- Personal or Partner Training = \$12.50/hour scholarship

**By signing below, the applicant / applicant's guardian agrees that:**

- The Applicant Information provided above is accurate to the best of your knowledge.
- In order to receive a scholarship toward group classes, a minimum of 50% of offer classes must be attended within the month. If less than 50% of classes are attended, the applicant is responsible for paying the entire monthly program fee.
- This scholarship application is valid for 6 months after approval, at which point you will need to re-apply.

**Member/Guardian Signature:** \_\_\_\_\_

**After completing the form, please email to:**

Iona Klayman - [iklayman@spiritclubfoundation.org](mailto:iklayman@spiritclubfoundation.org)

**Inquiries:**

Steve Allen - [sallen@spiritclubfoundation.org](mailto:sallen@spiritclubfoundation.org)

Executive Director, SPIRIT Club Foundation

240.204.1144