

THE SALVATION ARMY SCHOLARSHIP PROGRAM



Friends and supporters of The Salvation Army Ray and Joan Kroc Corps Community Center have created a Scholarship Fund which helps low-income families to afford Kroc Center programs by providing a discount. Our aim is to aid people in having positive life-changing experiences through arts, athletics, personal development, spiritual discovery and community service.

Application does not guarantee assistance. Scholarship space and funding is limited and will be awarded based on eligibility, timeliness, and space available. Sliding scale is based on household size and income.

❖ **Eligibility:**

Assistance is given to those with a proven financial need who live within the following service area:

91941 – La Mesa	92105 – San Diego	92120 – San Diego
91942 – La Mesa	92115 – San Diego	92182 – San Diego
91945 – Lemon Grove	92119 – San Diego	

❖ The following documents are required for all members living in the residence (including roommates and non-family members):

- Application for Social Concern
- Request For Scholarship form
- Verification for all members living in the household
 - Photo ID required for all adults
 - Shot records, birth certificates, or school IDs will serve as proof for children
- Current proof of income or lack of income for all members living in the household
 - 2 current pay stubs, TANF Notice of Action, child support, Social Security, educational class schedule verification, unemployment documents
- Address verification (a recent utility bill)

Submit completed application packets to the **Scholarship Department** in the Family Resource Center located at 6845 University Avenue San Diego, CA 92115 (619) 269-1430.

- ❖ It can take up to three weeks to process requests. Incomplete applications will not be processed. Applicants will be contacted in writing regarding status.
- ❖ Only one scholarship per person will be granted. Recipients must choose between a Membership **or** a Class/Program.

❖ **Membership information:**

Registration Fees are waived. Only Value Memberships are granted. Recipients will be asked to contribute towards membership Fees. Membership is good for one year.

❖ **Class information (It is recommended that you apply at least six weeks prior to the start of the class/program):**

Classes are charged at the Member rate. Scholarship recipients will be asked to contribute towards the Class/Program fees. Only group classes will be funded (no private classes). Only one class per person at a time. Applications for classes should be submitted 6 weeks prior to the Class/Program start date. Due to limited space and funding, not all classes requested will be granted.

- ❖ Once approved, recipients must pay their portion of the fee by the expiration date printed on the Scholarship Voucher. If a voucher is expired, a new Request for Scholarship form must be completed and re-submitted. Enrollment into Classes/Programs after a voucher has expired is not authorized.
- ❖ Recipients must use the Membership/Class that has been funded. Future requests for scholarship assistance by the same applicant may not be considered if funds or programs are misused.
- ❖ All scholarship awards are confidential. Applicants agree to refrain from discussing awards with others.

APPLICATION FOR SOCIAL CONCERN



Language preference (*Lenguaje de preferencia*): _____

Have you received services at the Salvation Army in the past? (*Ha recibido servicios del Salvation Army?*) Yes No

If so, when (*cuando*)? _____

SECTION I – APPLICANT INFORMATION (*INFORMACIÓN DEL APLICANTE*)

Last Name (*Apellido*): _____ First Name (*Nombre*): _____

Address (*Dirección*): _____ City (*Ciudad*): _____

Zip Code (*Código Postal*): _____ Home phone (*Teléfono del la Casa*): _____ Cell phone (*celular*): _____

Work phone (*Trabajo*): _____ e-mail: _____

License ID# (*Licencia de Manejar*): _____ SS# (*Seguro Social*): _____

Birthdate (*Fecha de Nacimiento*): _____ Marital Status (*Estado Civil*): S
M W D

SECTION II – OTHER HOUSEHOLD MEMBERS (*OTROS MIEMBROS DEL HOGAR*)

List ALL PERSONS living in household with applicant. Please indicate if children are foster children. (*Escriba los nombres de todas las personas que viven en su hogar. Estipule si los niños que viven con usted son niños de crianza.*)

Name (Nombre)	Age (Edad)	Sex (Sexo)	Relationship to Applicant (Relación con el Apicante)	Social Security Number (Seguro Social)	Birthdate (Fecha de Nacimiento)

SECTION III – HOUSEHOLD FINANCES (*INGRESOS FINANCIEROS DEL HOGAR*)

Total Household Income per month for ALL PERSONS living with applicant (*Ingresos mensuales por todas las personas en la casa*): _____

Include cash payments for “odd jobs” or “under the table” jobs (. Mark Sources of Income/Aid (*Recurso de ingresos*) :

Gross salary from your Job (*Trabajo- bruto*) _____ Occupation (*Ocupación*): _____

SSI/SSA (*Seguro Social*) _____ Child Support/Alimony (*Sus tención de Menores*) _____ Disability (*Desabilidad*) _____

TANF _____ Food Stamps (*Estampillas*) _____ Pension/Retirement (*Pensión*) _____

Other, please list (*Otro*): _____

Total Expenses per month (*Gastos Mensuales*): _____

Rent (*Renta*) _____ Car (*Auto*) _____ Utilities (*Utilidades*) _____ Groceries (*Comida*): _____

Phone Bill (*Teléfono*) _____ Other, list type (*Otro*) _____

OPTIONAL SURVEY INFORMATION: Information is collected to help determine our client base. It is used for statistical and grant information only and is optional. (*La información que usted nos provee se utiliza solamente para estimar el número de clientes. Se utiliza para nuestras estadísticas y para el uso de becas. El completar esta porción es opcional.*)

Ethnicity (*Grupo étnico*):

Caucasian (*Anglosajón*)

Black (*Afro-Americano*)

Hispanic (*Latino/Hispano*)

Asian/Pacific Islander (*Asiatico*)

Other (*Otro*): _____

Religion (*Religión*): _____

Do you want information about Kroc Church? (*Quiere información de la iglesia Kroc?*) Yes No

Veteran? (*Veterano?*) Yes No

Education Level Completed (*Nivel de Educación*):

HS/GED (*Diploma de la Preparatoria*) College (*Colegio/Universidad*)

CONSENT TO RELEASE INFORMATION FOR SOCIAL SERVICES: The Salvation Army will maintain the confidentiality of your information unless it is deemed necessary to share this information with other private and/or government agencies in an effort to provide the best services or as mandated by law. By signing this form, the applicant is authorizing the release of information for the purpose of assisting in matters pertaining to this case and/or to confirm information provided. (*El Salvation Army mantendrá su información confidencial solo si es necesario para ofrecerle el mejor servicio posible con ley y para confirmar la información recibida. Al firmar esta aplicación usted esta dando autorización para que su información sea confirmada.*)

Signature (*Firma*): _____ Date (*Fecha*): _____

REQUEST FOR SCHOLARSHIP



Last Name (*Apellido*): _____ First Name (*Nombre*): _____

Each individual may choose between a **VALUE Membership or a group class, but not both.** Only one class per person at a time.
 (Cada miembro de la familia puede aplicar para la **membresía VALUE, o para enlistarse en solamente una clase particular.**)

VALUE MEMBERSHIP REQUEST (*Solicitud de Membresía VALUE*) :

Family memberships:

- Family Membership** - 2 adults living in same household and children 17 & under
Membresía Familiar - 2 adultos viviendo en el mismo hogar con niños menores de 17 años
- Single Family Membership** - Single mother or father and children 17 & under
Membresía Familiar Solteros - Madre o Padre soltero con niños menores de 17 años

Name of family members to include (Nombre de miembros de la familia para incluir)	Relationship to Applicant (Relación con el Aplicante)
Example: María Espinosa	Daughter (<i>Hija</i>)

Individual Memberships:

- Adult Membership** – Age 18-61 years
Membresía de Adulto – Edades 18-61 años
- Senior Membership** - Age 62 and over
Membresía de Individuo de la tercera edad. – Edades 62 en adelante
- Youth Membership** - Age 17 & under
Membresía de Joven - Edades 17 y menores

Name (Nombre)	Relationship to Applicant (Relación con el Aplicante)
Example: María Espinosa	Self (<i>Yo mismo</i>)

GROUP CLASS PROGRAM REQUEST (*Clase/Programa GRUPO*):

Name (Nombre)	Class/Program Request (Clase, o programa)	Guide Page # (Pagina de la guía.)	Date of Class/Session (Fecha clase/sesión comienza)	Day/Time Requested (Día de petición)
Example: María Espinosa	Piano 1	33	March 25 – May 13	Tuesdays, 5:30 pm

Signed(*Firma*) : _____ Date (*Fecha*): _____