

Children's Miracle Network Scholarship Application for the Wellness Center

Parent/Guardian Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

How did you hear about us? _____

Child's Name(s):	Age:	DOB:

Child/Family is currently eligible for the following assistance programs:

- Food Stamps
- WIC
- Free and Reduced Lunch Service
- Has letter from New York State that child is eligible for these or other assistance programs

** Must provide documentation to support*

OR

- Total gross annual income is less than amount listed for household size

<u>Household Size</u>	<u>Annual Income</u>
2	\$26,400
3	\$33,200
4	\$40,000
5	\$46,800
6	\$53,600
7	\$60,400
8	\$67,200

**Must provide last year's tax return
and last 2 paystubs to qualify.*

Parent/Guardian Signature: _____ Date: _____

(For Wellness Staff Only)

Scholarship Amount:

- 10 Exercise Classes Other: _____

Received:

- Copy of eligibility for at least one of the above mentioned assistance programs
- Proof of income and tax return with dependents listed

Wellness Staff Signature: _____ Date: _____