



PERSONAL INFORMATION

PARTICIPANT NAME:

PARENT/GUARDIAN NAME (if applicable):

MAILING ADDRESS:

CELL/HOME PHONE:

EMAIL ADDRESS:

**ALL PERSONS LIVING
IN THIS HOUSEHOLD**

PARENT/GUARDIAN/ADULT: DOB:

PARENT/GUARDIAN/ADULT: DOB:

CHILD: DOB:

CHILD: DOB:

CHILD: DOB:

CHILD: DOB:

OTHER DEPENDENTS: AGE(S):

I AM APPLYING FOR (check all that apply):

- FITSCRIPTS
- CULPEPER SPORT & FITNESS MEMBERSHIP
- POWELL WELLNESS CENTER MEMBERSHIP
 - INDIVIDUAL
 - COUPLE/FAMILY OF 2
 - FAMILY (up to 5) (up to age 24)
 - SENIOR (aged 62+)
 - SENIOR COUPLE

COST OF PROGRAM APPLYING FOR:

\$ _____

HOW MUCH I CAN PAY:

\$ _____

**TO QUALIFY FOR A SCHOLARSHIP,
THE FOLLOWING DOCUMENTS MUST BE PROVIDED:**

FEDERAL TAX FORMS

- 1040 Federal Tax Form(s) for all incomes in household
- I am an individual filing jointly; I am providing ONE 1040 tax form
- We filed more than ONE tax form in our household; we are providing _____ 1040 forms.

--AND--

- Documents showing most recent 30 days of income (including pay stubs or documentation of government assistance)

\$ _____ x 12 =
30 DAYS OF INCOME

TOTAL ANNUAL HOUSEHOLD INCOME \$ _____

Official documentation of all income is required at the time of registration. If you receive any of the following assistance, please check and provide documentation:

- Child Support
- Medicaid
- Disability
- Food Stamps
- TANF
- Welfare
- Other: _____

FOR OFFICE USE:

Date Received:

Program/Membership Fee:

Scholarship Amount:

Fee Owed:

Review Date:

Contact Method & Date:

Expiration Date:

Renewal Date:

DIRECTOR/MANAGER SIGNATURE & DATE