



CULPEPER WELLNESS  
*foundation*

**Fitness Scholarship Program  
Effective 1.20.20**

The Culpeper Wellness Foundation, through the generosity of its donors, provides a limited number of FitScripts and membership scholarships for low-income individuals and families at Powell Wellness Center (PWC) and Culpeper Sport & Fitness (CSF). Priority is given to applicants who have a documented medical condition and are referred by a physician for the FitScripts program. The amount of scholarship assistance provided to each applicant will be based on gross annual household income.

Applicants must submit all requested documentation including:

- (1) Fitness Scholarship Application**
- (2) Documentation of Financial Hardship**
- (3) Physician Referral for FitScripts, if applicable**

Culpeper Wellness Foundation reserves the right to require further documentation as deemed necessary. The information will be kept confidential.

Scholarships for the FitScripts program will be awarded for the length of the program, typically 8 weeks. Upon completion of the program, participants may request a membership scholarship to reduce the cost of their monthly membership fee.

An initial enrollment will apply for individuals and families who are approved for a membership scholarship. A subsequent annual fee of \$25 will be charged to recipients who qualify for fully subsidized (free) membership. Documentation of financial hardship is required annually.

Membership scholarships are provided for a period of 3 months and may be renewed or discontinued at the discretion of management. Membership scholarship recipients must use the facility at least two times per week to maintain their scholarship. Lack of use will result in termination of the scholarship. Exceptions may be made due to illness or other extenuating circumstances. All terms and conditions included in the Membership Agreement apply. Scholarships are awarded to residents of Culpeper, Orange and Madison counties only.

Scholarships are not typically provided for programs and services offered at an additional fee. Exceptions may be made at the discretion of the Foundation.

Applications will be subject to a 4 week processing timeframe. Applicants will be notified in writing or by email of the scholarship decision. Scholarships are reviewed on a monthly basis and awarded to begin on the first of the appropriate month.



**PERSONAL INFORMATION**

PARTICIPANT NAME:

\_\_\_\_\_

PARENT/GUARDIAN NAME (if applicable):

\_\_\_\_\_

MAILING ADDRESS:

\_\_\_\_\_

COUNTY:

\_\_\_\_\_

CELL/HOME PHONE:

\_\_\_\_\_

EMAIL ADDRESS:

\_\_\_\_\_

**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: \_\_\_\_\_

**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:

\$ \_\_\_\_\_

**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

\_\_\_\_\_