

Club America WMV Scholarship Application

Please print legibly and fill out the application completely. Return to Club America ATTN: Ann Robey

Applicant Information

Last Name:	First Name:	Home Phone:	
Address:	City:	State:	Zip Code:
Employer:	Spouse Employer:		
Business Phone:	Business Phone:		

List all adults and children living in your household:

Name:	Date of Birth:	Employed (yes or no):	Name:	Date of Birth:	Employed (yes or no):
1.			4.		
2.			5.		
3.			6.		

Monthly Household Income

MONTHLY GROSS	Applicant	Spouse	FOR STAFF USE ONLY: CHECK DOCUMENTATION REQUESTED
Salary/Wages (Circle pay cycle for each)	\$ Weekly 2 weeks Monthly	\$ Weekly 2 weeks Monthly	Salary/Wages-Attach copies of your income tax return for the most current filing year (IRS form 1040, 1040A, etc.-include pages 1 and 2). If you are self-employed or own a business, include Schedule C. If you did not file taxes last year, submit an IRS 1772 non-filing status form. To obtain this form, call 1-800-829-1040. Do not press any buttons; just stay on the line. (W-2 forms will not be accepted).
Child Support	\$	\$	Salary/Wages-Along with the tax return, attach copies of the two (2) most recent paycheck stubs from EACH employer for both the applicant and spouse. Stubs must show gross wages and may not be dated more than 30 days from application date.
Alimony	\$	\$	Child Support/Alimony-Include proof of marriage or divorce decree, if no longer married, showing alimony & child support.
Government Assistance (SSI, disability)	\$	\$	Government/Food Stamps/Cash Assistance-Attach copies of all that apply. A current Social Security award benefit letter, SSI Disability letter, retirement, unemployment or other government subsidy.
Food Stamps	\$	\$	Student Loans/Grants-Attach copies of documentation showing monies received AFTER books & tuition have been paid. Include a current registration receipt.
Cash Assistance	\$	\$	INFORMATION MUST BE CURRENT! Documentation is required for each type of income checked above. Do not send originals or bank statements.
School Loans/ Grants (amount after tuition is paid)	\$	\$	Date: _____ Staff Witness: _____
Other Income	\$	\$	

Membership or Program Information

Please check one of the following: First time application Renewal application Yes, I am interested in volunteering in the following area(s): _____

What type of membership or program are you seeking assistance for? _____

Why do you want to participate as a Club America WMV member or program participant? _____

List special circumstances that you feel should be taken into consideration during review of this application: _____

I feel I am able to pay \$ _____ toward the cost of the membership/program per month.

I certify that the above information is true and complete to the best of my knowledge. I agree to inform Club America WMV immediately of any change in my income or dependent status. I understand that false or incomplete information could jeopardize my financial assistance.

Signature of applicant: _____

Date: _____