



WAVE Scholarship Application

The Wave is a not-for-profit aquatic and fitness center committed to helping people grow in mind and body. We are here to serve people of all ages, backgrounds, abilities and incomes. We at the WAVE believe that these programs and services should be readily available to everyone. That's why we offer a financial assistance program. This program is a sliding fee scale that is designed to fit each individual's financial situation.

Applicants are required to complete the attached form so that financial assistance can be provided in a fair and consistent manner. This information will be kept confidential and not be used for any other purpose.

The WAVE requires that individuals reapply for their scholarships annually and report any change of financial status within 30 days of change. Failure to do so may jeopardize the individual's membership status. In addition please provide any changes of telephone numbers and addresses as they occur.

To process your application we will need the following:

- All forms properly and fully completed.
- The following is to be submitted along with the application:
 - ü A copy of last year's tax return Schedule 1040 (Schedule C if applicable)
 - ü A copy of your last two pay stubs
 - ü A copy of any and all financial assistance awards such as Social Security payments, DSHS payments, or disability checks. A copy of your bank statement showing the automatic deposit of the above payments may be used.

Note: a copy of financial assistance awards may be obtained at the appropriate office or a copy of your tax return may be obtained by calling the IRS at 1-800-829-1040.

We will contact you at the phone number listed on your application after 1-2 weeks.

All WAVE members receive the same membership benefits, regardless of whether or not they are receiving assistance.

Scholarships are provided through fundraising events. As a recipient you will be asked to volunteer 4-8 hours each year.

<p>APPLICATIONS WILL BE PROCESSED <u>ONLY</u> AFTER THE APPLICATION IS FILLED OUT COMPLETELY, SIGNED AND <u>ALL</u> INFORMATION IS SUBMITTED.</p>

FOR OFFICE USE ONLY

Applicant's Name: _____

(Check One)

New Applicant

Renewal

Current Member

Staff Member Receiving Application: _____

Membership Type (Check One)

Individual

Couple

High School

Senior

Senior Couple

Has this person applied for financial assistance in the past?

Yes

No

If yes, when? _____

Interview Date: _____ Interviewed by: _____

FINANCIAL DOCUMENTATION SUPPLIED

Tax Form

Payroll Stubs

Financial assistance verification:

Other verification – Specify: _____

OUTCOME

Denied – Reason: _____

Approved

- Percentage of dues = _____%
- Dollar amount = \$_____

I understand the above outcome and my obligations. I further understand that The Wave standards for payment apply to this agreement.

Signed (Financial Assistance Recipient or Parent/Guardian) _____ Date _____

Signed (Wave Staff) _____ Date _____

Personal Information:

Name: _____ Cell Phone: _____

Address: _____ Home Phone: _____

Address: _____ Apt. #: _____

City: _____ Zip: _____

List full names (including yourself), ages and relationship of all persons residing in your household. Your household ONLY includes dependents you claim on your federal income tax return.

Name	Age	Relationship

Are you currently working full time? Yes No
If yes, where? _____
If no, why?

Is your spouse working full time? Yes No
If yes, where? _____
If no, why?

List any special circumstances you wish to be considered:
