



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.

To qualify for a scholarship you must be a resident of the Flathead Valley for at least 3 months. 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, addresses and payment information 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 showing all earned and unearned income:
 - ✓ A copy of last year's tax return Schedule 1040 (Schedule C if applicable)

NOTE: Handwritten returns will not be accepted. Call the IRS or get online for a copy

- ✓ A copy of your last two pay stubs
- ✓ 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.
- ✓ Proof of 3 month residency in the Flathead Valley

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 or online at <https://www.irs.gov/individuals/get-transcript>

We will contact you at the phone number listed on your application within 4-5 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. The Wave reserves the right to refuse assistance to anyone who in the judgment of The Wave can financially afford regular monthly dues.

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

The Wave Aquatic & Fitness Center
1250 Baker Ave
Whitefish, MT 59937
406.862.2444

Financial Assistance Application

Name: _____ Cell Phone: _____ New Applicant

Address: _____ Home Phone: _____ Renewal

Address: _____ Apt. #: _____

City: _____ Zip: _____ Email: _____

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 or part-time? Yes No
If yes, where? _____ Rate per hour (or salary) _____
If no, what is your income ?

Is your spouse working full time or part-time? Yes No
If yes, where? _____ Rate per hour (or salary) _____
If no, why?

Please share why you are applying for financial assistance.

Please itemize your gross annual household income. Documentation is required.

	Your Income	Spouse's Income	Other Income
Salary, wage, tips			
Unemployment			
Social Security			
Child Support			
Aid for Dependent Children			
Food Stamps			
401(k) & Retirement			
Alimony			
School Loans			
Housing Allowance			
Other			
Total Annual Income			

Please read and initial the following policies:

As a recipient of a Wave scholarship I understand that I am required to visit The Wave an average of 8 times per month. I may provide written notice of medical or travel plans if I am unable to attend. The Wave may cancel my scholarship and membership if I do not meet the attendance requirements. _____

I agree to pay all dues and charges when due. I understand that I may be cancelled if my account becomes 30 days past due. After cancellation, I may be required to reapply for a scholarship after completing a **9 month** waiting period. _____

This year, I can volunteer at the following events:

_____ Club Scrub (Labor Day Weekend)

_____ Two Bear Marathon (Sept)

_____ Fall Frenzy Swim Meet (Oct)

_____ Finding teams, sponsors and/or donors for events

I certify that the above information is true and complete to the best of my knowledge.

Signed: _____ Date: _____