

Office Use Only

Approved \_\_\_\_\_ Disapproved \_\_\_\_\_

Start Date: \_\_\_\_\_

Amount Member: \_\_\_\_\_

Amount Center: \_\_\_\_\_

## Scholarship Program

### Information and guidelines regarding the Scholarship Program at Desert Thunder Gymnastics

Desert Thunder Gymnastics wants **ALL** children to enjoy the benefits of a healthy active life. We believe that gymnastics is a wonderful way in which to achieve physical activity in a fun and beneficial way.

Our center offers a unique program in which children, who may otherwise be unable to participate in our Center's programs, may attend. This program provides to qualifying families, financial help in attending Desert Thunder Gym. Each year we have a limited amount of scholarships that we can grant. Therefore, with the possibility of more qualified applicants than grants, certain guidelines have been set-up and will be strictly enforced.

- The Desert Thunder Gymnastics Scholarship Program will use the same criteria used in the Federal Guidelines for School Free and Reduced Lunch Program.
- Scholarships will be reviewed in the order in which they are received. Only completed Scholarship forms with Membership payments and a copy of the applicant's most recent Federal Income Tax form will be considered. Your membership payment that each family must pay will be held and returned to you if your scholarship application is denied or you turn down the scholarship.
- When you are informed of your scholarship we will give you the time slots open for the class in which you are enrolled. We have only a designated number of slots for scholarships in a given class time. We will try to be as accommodating as possible.
- We will require that you list all members in the household by name, their income and from where it is received.
- **All applicants must sign-up to help the Gym in at least one of the volunteer categories listed. If you believe you may have another way in which you can help the Gym, which is not listed, please feel free to attach a note, or write it in the space provided.**
- Students receiving full or partial scholarships MAY NOT take more than one class, or participate in clinics, camps, private lessons with their scholarship awards. The only exceptions will be children that wish to use monetary gifts given to them for use for a second class for **one session or one clinic**.
- A child missing more than 2 classes within a session without notification to the Gym will automatically be dropped from the Scholarship Program. If the child is sick, or there are other extenuating circumstances, please call the office at 520-378-3480.

- Please let us know if your situation changes and you are no longer in need of your scholarship or do not wish to continue at Desert Thunder Gymnastics. There may be other qualified children on the Scholarship Program wait list.
- **Please return the completed Scholarship Form to the office or mail to 7557 E. Thuma Rd, Sierra Vista, AZ 85650.**
- Scholarships must be renewed annually, from the start date of the awarding of the tuition scholarship.

**SCHOLARSHIP APPLICANTS:**

Each family who wishes to have their child on scholarship must apply or reapply each year. No child on a scholarship can start class unless they have received an "ok" of their acceptance, in writing or verbally.

The following information is required to receive scholarship aid. All information will be kept confidential. Scholarships will be granted on the basis of financial need, desire, recommendations and/or referrals. (NOTE: Desert Thunder Gymnastics General Management reserves the right to confirm any or all information given below. To ensure accuracy, please take your time in filling out this application.)

CHILD'S NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ SEX: M or F

CLASS NAME: \_\_\_\_\_ DAY/TIME: \_\_\_\_\_

CHILD'S NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ SEX: M or F

CLASS NAME: \_\_\_\_\_ DAY/TIME: \_\_\_\_\_

CHILD'S NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ SEX: M or F

CLASS NAME: \_\_\_\_\_ DAY/TIME: \_\_\_\_\_

PARENT'S NAME: \_\_\_\_\_  
Mother / Father / Last (if different)

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

NUMBER IN HOUSEHOLD: \_\_\_\_\_

NAMES OF HOUSEHOLD MEMBERS	AGE	INCOME	SOURCE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

IF HOUSEHOLD MEMBERS SOURCE OF INCOME IS JOB RELATED PLEASE LIST:

NAME	EMPLOYER	SUPERVISOR'S NAME	SUPERVISOR'S PHONE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

DOES THE CHILD RECEIVE ANY OTHER SOURCE OF INCOME? (circle) YES NO

IF YES: SOURCE: \_\_\_\_\_

TOTAL GROSS INCOME FOR FAMILY: Monthly \_\_\_\_\_

MONTHLY INCOME: \_\_\_\_\_

Is any income source welfare? \_\_\_\_\_ If yes, what type? \_\_\_\_\_

STATE REASON FOR WANTING TO ENROLL YOUR CHILD IN GYMNASTICS:

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PARENTS: (Please Initial)

\_\_\_\_\_ I hereby certify that all the above information is correct. I understand that this information is being given in connection with the receipt of scholarship funds and that the Desert Thunder Gymnastics officials may verify it.

\_\_\_\_\_ I understand how the Desert Thunder Gymnastics Scholarship works and also understand the importance of my child attending class each week.

\_\_\_\_\_ If my child must miss class, I will contact the office as soon as possible.

\_\_\_\_\_ I further agree that if my child no longer wishes to attend class or my financial status changes, I will notify the General Manager, Lonnie Rule, so that another child may take advantage of the scholarship program\*.

SIGNATURE OF PARENT/GUARDIAN: \_\_\_\_\_

PLEASE CHECK AT **LEAST** ONE WAY IN WHICH YOU WILL VOLUNTEER.

CLEANING: \_\_\_\_\_ GROUNDS \_\_\_\_\_ MAINTENANCE: \_\_\_\_\_

OTHER (If you have another talent, please let us know what you would like to help with at the Gym)

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**\*Please remember to attach to this completed Scholarship Form and submit to Desert Thunder Gym:**

- **A copy of your most recent Federal Income Tax Form**
- **Membership fee (see prices link for current membership amount ) and completed Registration Form.**
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**All completed forms and attachments must be submitted for your application to be considered. Please note, If there are any circumstances we should know that might have changed your income tax return (job change or additional dependent, etc.)**

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**FOR OFFICE USE ONLY:**

Date Received: \_\_\_\_\_ Completed: Yes No  
Registration Form completed: Yes No Payment Received: Check # \_\_\_\_\_ Cash \_\_\_\_\_

Date Reviewed: \_\_\_\_\_

Notified: \_\_\_\_\_ Date: \_\_\_\_\_

Approved Denied (circle one) DATE: \_\_\_\_\_

Center Responsible For: \_\_\_\_\_ Member Responsible For: \_\_\_\_\_

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