



Carroll County Community Center

908 E. Columbia St. • Flora, In 46929

Ph: 574-967-4449 • Fax: 574-967-3848

For Office Use Only
Application Approved By: _____
Amount of Scholarship: _____
Date: _____

Application for Scholarship Assistance

Please print neatly and provide all requested information.

Purpose of Application

To allow low-income youth, adults, and, families an opportunity to apply for a sponsored membership at the Carroll County Community Center. No person is denied a membership because of inability to pay.

When Can I expect an answer from the CCCC?

After consideration of your completed application and proof of income, a decision will be made. You will receive a call from our Director when the application has been reviewed. All memberships will be valid for one (1) year from the date your application is approved.

Who is in need of the Scholarship Assistance? Check one

- () Applying for CHILD/CHILDREN (A parent or guardian must complete this form)
- () Applying for an ADULT (Self)
- () Applying for a FAMILY (Husband, wife, and tax dependant children under 18 or are full-time student)

APPLICANT'S NAME/HEAD OF HOUSEHOLD _____

APPLICANT'S ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____ **Phone** _____

List all Family members	Date of Birth	Sex M/F	Place of Employment or Grade	Relationship Husband, wife, child	Total Monthly Income
Last, First, Middle					

List all Family members	Date of Birth	Sex M/F	Place of Employment or Grade	Relationship Husband, wife, child	Total Monthly Income
Last, First, Middle					

List below other people living in the same household



Carroll County Community Center

908 E. Columbia St. • Flora, In 46929

Ph: 574-967-4449 • Fax: 574-967-3848

Sources of Income: Please attach proof of all income with this application.

Source of Income	Amount Per Month	Source of Income	Amount Per Month	Source of Income	Amount Per Month
Checking Account		Job		Money from Relatives	
Savings Account		A.F.D.C.		Money from Friends	
Guardianship		Sick/Workman's Compensation		Money from School	
Stocks/Bonds		Unemployment		Trustee Assistance	
Certificates of Deposit		Food Stamps		Renters Assistance	
Other Institutions		S.S.I.		Social Security or Disability	
Self Employment		Child Support		Retirement/Pension	
Veteran's Benefits		Utility Assistance		Other Sources	
Other Sources		Other Sources		Other Sources	

Total Income per Month (Total of all Columns) \$ _____

Expenses:

Type of Expense	Monthly Payment	Type of Expense	Monthly Payment
Mortgage		Food	
Automobile		Other	
Utilities		Other	

Did any agency or individual refer you to the CCCC? () Yes () No

Who referred you? _____

Is this the first time you have applied for a Scholarship Assistance? () Yes () No

When was the last time? _____

Please explain how a membership at the CCCC would benefit you or your family.

I certify that all of the above information is true and correct to the best of my knowledge, and that all income is reported correctly. I realize that any misrepresentation will automatically result in the termination of my scholarship assistance. Signature of both husband and wife is required if this is a family membership. Family memberships are defined by immediate family members living in the same household. Children must be tax dependents by IRS qualifications, and/or a full-time student if over the age of 18. By signing this application you are stating that you authorize the Carroll County Community Center to verify the information on this application with sources including employers, department of family and children, local unemployment offices, etc.

Signature _____ Date _____

Signature _____ Date _____