



10417-B Metropolitan Ave.
Kensington, MD 20895
240.204.1144
sallen@spiritclubfoundation.org

Scholarship Application

Please complete the applicant information below:

Applicant Name: _____ Request Date: _____

Email: _____ Phone: _____

Mailing Address:

Date of Birth: _____ Ethnicity (optional): _____

Employer (if applicable):

Diagnosed Disability: _____

Height _____ Weight _____

Why is participating in an exercise program important to you?

Applicant's gross
monthly income: _____

Please select any funding source the applicant is receiving:

DDA Social Security SSDI Respite LISS Employment

Other Funding: _____

Have you received a scholarship from us in the Past? Yes No

Please select the scholarship option your are applying for:

1x/week Group Classes = \$25/month scholarship

2x/week Group Classes = \$50/month scholarship

Personal or Partner Training = \$12.50/hour scholarship

Additional documentation may be required.

By signing below, the applicant/applicant's guardian agrees that:

- The Applicant Information provided above is accurate to the best of your knowledge.
- In order to receive a scholarship toward group classes, a minimum of 50% of offer classes must be attended within the month. If less than 50% of classes are attended, the applicant is responsible for paying the entire monthly program fee.
- This scholarship application is valid for 6 months after approval, at which point you will need to re-apply.

Member/Guardian Signature:

After completing the form, please email to both:

Iona Klayman - iklayman@spiritclubfoundation.org and
Steve Allen - sallen@spiritclubfoundation.org

Inquiries:

Steve Allen: sallen@spiritclubfoundation.org
Executive Director, Spirit Club Foundation
240-204-1144