ABILITY360
SPORTS & FITNESS CENTER

Scholarship Application Form

*Applicant is REQUIRED to provide the most recent approved income verification documentation at time of application submission, W-2, pay stub, SSDI Letter or SSI Letter.

NAME_____DOB_____

PHONE_____EMAIL_____

ADDRESS_____

EMPLOYED BY_____

HOUSEHOLD MEMBERS AND GROSS MONTHLY INCOME

NUMBER OF ADULTS_____CHILDREN_____

List household members receiving monthly income	Monthly income before deductions	All other income (SSI, SSDI, etc)	TOTAL
1			
2			
3			
4			

Total monthly household income before deductions_____

Please list all family members that will be using scholarship

Name	DOB
1	
2	
3	
4	
5	
6	

I certify that the above information is correct and that ALL household income is reported. I agree to notify ABILITY360 of any income or household member changes.

Signature_____**Date**_____