



Fitness Scholarship Program

Effective 1.1.23

The Culpeper Wellness Foundation, through the generosity of its donors, provides a limited number of FitScripts and membership scholarships for low-income individuals and families at Powell Wellness Center (PWC) and PATH Recreation and Fitness (PRFC). Priority is given to applicants who have a documented medical condition and are referred by a physician for the FitScripts program. The amount of scholarship assistance provided to each applicant will be based on **gross annual household income**.

Applicants must submit all requested documentation including:

- (1) Fitness Scholarship Application**
- (2) Documentation of Financial Hardship**
- (3) Physician Referral for FitScripts, if applicable**

Culpeper Wellness Foundation reserves the right to require further documentation as deemed necessary. The information will be kept confidential.

Scholarships for the FitScripts program will be awarded for the length of the program, typically 8 weeks. Upon completion of the program, participants may request a membership scholarship to reduce the cost of their monthly membership fee.

Membership scholarships are provided for a period of 12 months and may be renewed or discontinued at the discretion of management. Membership scholarship recipients must use the facility on average of two times per week to maintain their scholarship. **Lack of use will result in termination of the scholarship.** Exceptions may be made due to illness or other extenuating circumstances. Usage will be checked every 3 months once a scholarship is awarded. All terms and conditions included in the Membership Agreement apply. Scholarships are awarded to residents of Culpeper, Orange and Madison counties only.

Scholarships are not applicable to rentals, birthday parties, personal training, private and semi/private swim lessons, programs housed at our locations but through other entities and certain special classes.

Applications will be subject to a 2-4 week processing timeframe. Applicants will be notified by phone or by email of the scholarship decision.

FITNESS SCHOLARSHIP APPLICATION for POWELL WELLNESS CENTER & PATH RECREATION & FITNESS CENTER

2023

PERSONAL INFORMATION

PARTICIPANT NAME:

PARENT/GUARDIAN NAME (if applicable):

MAILING ADDRESS:

CELL/HOME PHONE:

EMAIL ADDRESS:

ALL PERSONS LIVING IN THIS HOUSEHOLD

PARENT/GUARDIAN/ADULT: DOB:

PARENT/GUARDIAN/ADULT:

CHILD: DOB:

CHILD: DOB:

CHILD: DOB:

CHILD: DOB:

OTHER DEPENDENTS: AGE(S):

I AM APPLYING FOR

- FITSCRIPTS
- PATH RECREATION & FITNESS CENTER
MEMBERSHIP
- POWELL WELLNESS CENTER MEMBERSHIP
- OTHER: _____

COST OF PROGRAM APPLYING FOR:

\$ _____

HOW MUCH I CAN PAY:

TO QUALIFY FOR A SCHOLARSHIP, THE FOLLOWING DOCUMENTS MUST BE PROVIDED:

I FILED FEDERAL TAXES FOR LAST YEAR

- 1040 Federal Tax Form(s) for all incomes in household
- I am an individual filing jointly; I am providing ONE 1040 tax form
- We filed more than ONE tax form in our household; we are providing _____ 1040 forms.

TOTAL ANNUAL HOUSEHOLD INCOME \$ _____

--OR--

MY HOUSEHOLD INCOME HAS CHANGED SINCE I FILED TAXES LAST YEAR

- Documents showing most recent 30 days of income (including pay stubs or documentation of government assistance)

\$ _____ x 12 =
30 DAYS OF INCOME

TOTAL ANNUAL HOUSEHOLD INCOME \$ _____

Official documentation of all income is required at the time of registration. If you receive any of the following assistance, please check and provide documentation:

- Child Support
- Medicaid
- Disability
- Food Stamps
- TANF
- Welfare
- Other: _____

FOR OFFICE USE:

Date Received:

Program/Membership Fee:

Scholarship Amount:

Fee Owed:

Review Date:

Contact Method & Date:

STAFF SIGNATURE & DATE

DIRECTOR/MANAGER SIGNATURE & DATE