



Scholarship Program Effective 1.1.23

The Culpeper Wellness Foundation, through the generosity of its donors, provides a limited number of fitness and recreation scholarships for low-income individuals and families living in Culpeper, Madison and Orange counties.

At Powell Wellness Center, 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 **annual gross household income**.

Applicants must submit all requested documentation including:

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

Culpeper Wellness Foundation (CWF) 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 awarded 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 the scholarship. **Lack of use will result in termination of the scholarship.** Exceptions may be made due to illness or other extenuating circumstances. Facility use is reviewed every 3 months. All terms and conditions included in the Membership Agreement apply.

Recreation scholarships include many programs and activities offered at the PATH Recreation and Fitness Center. They are not applicable to rentals, birthday parties, personal training, programs held at a CWF location but run through another entity or specific programs as designated by management.

Applications will be processed within a 4 week period with decisions communicated by phone or email.

Applications and requested documentation should be emailed to info@culpeperwellness.org or submitted in person at PWC or PRFC.

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):

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:

I AM APPLYING FOR

- FITSCRIPTS
- PWC MEMBERSHIP
- PRFC FITNESS ONLY MEMBERSHIP
- RECREATION PROGRAMS

COST OF PROGRAM APPLYING FOR:

\$ _____

HOW MUCH I CAN PAY:

FOR OFFICE USE:

Date Received:

Program/Membership Fee:

Scholarship Amount:

Fee Owed:

Review Date:

Contact Method & Date:

STAFF SIGNATURE & DATE

DIRECTOR/MANAGER SIGNATURE & DATE