



## **Scholarship Program Effective 4.18.24**

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) Verification of household income**
- (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. The availability of scholarships is not guaranteed.

Applications and requested documentation should be emailed to [info@culpeperwellness.org](mailto: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:

COUNTY OF RESIDENCE:

CELL/HOME PHONE:

EMAIL ADDRESS:

DATE OF BIRTH:

TOTAL ANNUAL HOUSEHOLD INCOME \$ \_\_\_\_\_

### THE FOLLOWING DOCUMENTS MUST BE PROVIDED WITH THIS APPLICATION:

- Most recent, signed copy of tax returns for any employed adult in the household AND
- One month of recent paystubs for all employed adults

If self-employed, complete the Cash Income Sheet.

If receiving other income, such as disability, social security, child support, unemployment etc. documentation must be provided.

If you have no income and someone provides you support such as food and a place to live, a Letter of Support must be completed and notarized.

### ALL PERSONS LIVING IN THIS HOUSEHOLD

PARENT/GUARDIAN/ADULT:      DOB:

PARENT/GUARDIAN/ADULT:      DOB:

CHILD:      DOB:

CHILD:      DOB:

CHILD:      DOB:

CHILD:      DOB:

OTHER DEPENDENTS:      AGE(S)

### I AM APPLYING FOR

- FITSCRIPTS
- PWC/ALL ACCESS MEMBERSHIP
- PRFC FITNESS ONLY MEMBERSHIP
- RECREATION PROGRAM(s)

COST OF PROGRAM APPLYING FOR:

\$ \_\_\_\_\_

### FOR OFFICE USE:

Date Received:

Program/Membership Fee:

Scholarship Amount:

Fee Owed:

Review Date:

Contact Method & Date:

STAFF SIGNATURE & DATE

DIRECTOR/MANAGER SIGNATURE & DATE