



ENRICHING LIVES  
SUPPORTING INDEPENDENCE

# DEDICATED TO HELPING SENIORS

**SCHOLARSHIP APPLICATION**  
**HANCOCK COUNTY AGENCY ON AGING**  
**"THE SENIOR CENTER"**

## WHAT IS THE SCHOLARSHIP PROGRAM?

The Senior Center scholarship program, uses all available resources to provide support to those who have financial need and qualify for financial assistance. The Senior Center currently offers scholarships for the following: Senior Café, Mobile Meals, Chore Services, and Fitness Center Memberships.

## WHO IS ELIGIBLE FOR A SCHOLARSHIP?

**Older adults that live in Hancock County may apply for a scholarship.** Approvals are made on an individual need and are based on a sliding-fee scale with **total household income and number of dependents taken into consideration.** The scale assists in determining the amount of financial assistance provided.

## IS IT POSSIBLE TO QUALIFY FOR FREE MEMBERSHIPS AND SERVICES?

**No.** The Senior Center believes a strong sense of ownership and pride is developed when the Scholarship recipient contributes to the cost of their fitness center membership or services. The Senior Center also believes in giving a hand up and not a hand out. Therefore, applicants will be asked to pay a portion of the fee for the requested services.

## HOW QUICKLY CAN I EXPECT TO GET APPROVED?

Once an application and required documents have been submitted to the Senior Center, your application will be reviewed and the process could take one week and you will receive a letter indicating if you have been approved and your final cost.

## HOW LONG WILL THE SCHOLARSHIP CONTINUE?

Assistance is granted for one year. All participants must re-apply each year.



**HANCOCK COUNTY AGENCY ON AGING**  
**THE SENIOR CENTER**  
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# SCHOLARSHIP APPLICATION IN 3 EASY STEPS

## 1. APPLICANT INFORMATION

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ City/State: \_\_\_\_\_

### ALL PERSONS LIVING IN THIS HOUSEHOLD

Spouse / Grandchildren's Name	Date of Birth	Age	Relationship	Employer/School
_____	____/____/____	____	_____	_____
_____	____/____/____	____	_____	_____
_____	____/____/____	____	_____	_____
_____	____/____/____	____	_____	_____
_____	____/____/____	____	_____	_____

## 2. TELL US MORE....

Why do you need a financial assistance scholarship and how will it benefit you?

## 3. TO QUALIFY:

### ***PLEASE PROVIDE THE FOLLOWING DOCUMENTATION***

- Copy of at least two current pay stubs
- Copy of Social Security or Disability award letter and bank statements showing amount of automatic monthly deposit.
- Pension documentation

Wages \_\_\_\_\_ X 12 months = \_\_\_\_\_

Social Security \_\_\_\_\_ X 12 months = \_\_\_\_\_  
*Including disability s.s.*

Foster parent \_\_\_\_\_ X 12 months = \_\_\_\_\_  
 per reimbursement amount?

Other: \_\_\_\_\_ X 12 months = \_\_\_\_\_  
*Pensions, retirement income, etc.*

**Total** \_\_\_\_\_

### **THIS APPLICATION MUST BE RENEWED EVERY 12 MONTHS**

I certify the above information is true and complete to the best of my knowledge, and that I do not have additional income not represented above. I agree, if necessary, to send additional information and documentation to support the above statements. I understand that financial assistance is based on need.

I understand that falsifying any of the above information could jeopardize financial assistance now and/or in the future.

Signature of person completing this form \_\_\_\_\_

Date \_\_\_\_\_

### OFFICE USE ONLY

APPROVED YES \_\_\_\_\_ NO \_\_\_\_\_

Date Approved \_\_\_\_\_

Category: A B C

Staff Initials \_\_\_\_\_ Expires \_\_\_\_\_