



ENRICHING LIVES.
SUPPORTING
INDEPENDENCE.

SCHOLARSHIP APPLICATION

WHAT IS THE SCHOLARSHIP PROGRAM?

The 50 North scholarship program, uses all available resources to provide support to those who have financial need and qualify for financial assistance. 50 North currently offers scholarships for the following: Marathon 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. 50 North 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. 50 North 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 50 North, 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.



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

- If working, a copy of at least two current pay stubs
- A copy of your Social Security or Disability award letter
- A copy of your deposit page from a recent bank statement
- A copy of monthly pension documentation

Wages _____ X 12 months = _____

Social Security _____ X 12 months = _____

Including disability s.s.

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 _____

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