



APPLICATION FOR SCHOLARSHIP

It is the policy of HFFA to offer membership and program participation to all people who desire to experience the services provided throughout our facility. People who are not able to pay the standard membership and program fees may be awarded discounted rates based on their income and their ability to pay. Applying for assistance is completely confidential.

HFFA offers discounted rates of 20%-60% off of our current month-to-month membership rates and program fees. These discounts are based on the same eligibility requirements that the Charlotte/Mecklenburg School district has adopted as standards for their Free and Reduced Lunch programs. These memberships and program discounts are reviewed on an annual basis from the time of acceptance for people on CMS Free and Reduced Lunch program and every 6 months for people who provide unemployment documentation.

First Name	Middle Name	Last Name	Application Date
Street Address		City/State/Zip	Phone Number and/or email for contact

Is this your first applications for financial assistance? Yes No
 If No, are you completing this application at our request to review your eligibility from prior year? _____

Are you currently a member of HFFA? Yes No
 If No, and you are applying for membership, please include a Membership Application along with this form.

I am applying for assistance for the following: Membership Programs Membership and Programs
 If you are applying for any of our Programs (Camps, Preschool, Afterschool) please include the applications as required along with this form.

How many members in the family will be on this membership? _____

REQUIRED INCOME DOCUMENTATION:

The following documents must be attached to all applications **without exception. Originals will not be accepted.** Copies must be provided. Documents will not be returned. Please mark out the social security number prior to submitting documentation.

ALL APPLICANTS MUST PROVIDE:

- **CMS LETTER CONFIRMING FREE OR REDUCED LUNCH** (current school year). You may contact CMS Child Nutrition services at 980-343-6041 to get a copy of your letter.
- OR**
- **TAX RETURN**
 - Current year Income Tax Return, Form 1040 or 1040EZ, as filed with the IRS
 - W2's are not accepted.

ALSO ALL OF THE FOLLOWING THAT APPLY: Each wage earner in the household must provide income verification.

- Two (2) consecutive pay stubs for EACH wage earner, showing gross and net income.
 1. If pay stubs are not available, provide letter of employment specifying gross salary, signed and dated by employer on company letterhead
- Documentation of following benefits if unemployed:
 1. Social Security, Unemployment, disability, retirement, pension, Welfare.

STUDENTS

In addition to the required income documentation listed above, we ask that you provide:

- Current registration and class schedule, dated student ID or acceptance letter

Dependent Students

If you are considered a dependent, your parents must submit required income documentation since they assume financial responsibility for you. You are considered to be a dependent student if you are claimed by your parents on their income tax return.

HOW DID YOU HEAR ABOUT OUR SCHOLARSHIP PROGRAM? _____

I verify that the information provided on this application is accurate to the best of my knowledge. I also understand that HFFA awards a limited number of scholarships each year and submitting this form is not a guarantee of assistance.

Primary Applicant's Signature: _____ Date: _____