



SCHOLARSHIP INSTRUCTIONS

Please read carefully and follow the step-by-step instructions to complete your scholarship application.

Please note: Completion of application does not guarantee assistance. Scholarships will be awarded based on eligibility, funding, timeliness and space available.

1. Complete **the Membership Application** and **Scholarship Application Form**.
2. Attach income verification to these forms. Acceptable forms of verification are: proof of free & reduced lunch program, Unemployment statements, first two pages of your Federal Tax return, or Social Security statements.
3. Mail both forms with income verification to the address listed below. You can also drop off at The Jones Center fitness desk.
4. You will be notified of your scholarship opportunity by phone or mail. Please be patient. It may take up to 2 weeks to receive notification.
5. When you receive your scholarship verification from The Jones Center, we will schedule a time for you to come in and finish the membership process. You must come in within the first 15 days after receiving scholarship notification. After that date, our offer will be considered void.
6. **Use black or blue ink only.**
7. Is the requested scholarship for: **Membership** or **Activity** or **Swim Program**

The Jones Center
Attn: Membership Director
922 E. Emma Ave
Springdale AR 72764
479-756-8090



Scholarship Agreement Form

The Jones Center Scholarship Program

The Jones Center is pleased to provide a comprehensive scholarship program to help provide access to the facility and programs that it provides. The Jones Center is committed to providing its visitors and regional residents access to high quality facilities, programs, and services, and recognizes that Northwest Arkansas is a diverse community with families from all socio-economic levels.

1. Non-use of your Jones Center membership may result in discontinued Scholarship assistance.
2. **Scholarships are valid for 12 months from approval. Reapplying will be required** at the end of the scholarship period and continued use will be dependent upon financial information and the frequency of previous use at The Jones Center. Please attach the first two pages of your most recent tax forms, and one more form of verification. This verification may be anything involving a government assisted program such as ARKids, Medicaide and/or free and reduced lunch programs. You may also attach any form of verification that you are affiliated with any programming such as Arkansas Support Network.
3. All Scholarships are confidential. Applicants agree to refrain from discussing awards with others.
4. **Please sign that you understand and accept the terms of The Jones Center Scholarship Program.**
5. **By signing this agreement, I am stating everything is true and accurate information.**

Signature _____ Date _____

Print Name _____

Please use the space below to write a short essay regarding why you deserve a scholarship and how you will use it.



Scholarship Application

Section I- APPLICANT INFORMATION

Last Name _____ First Name _____
 Address _____ City _____
 Zip Code _____ Home Phone _____
 Cell _____ Email _____

Section II-OTHER FAMILY MEMBERS

List all persons included on applicant's tax return*

NAME	AGE	GENDER	RELATIONSHIP TO APPLICANT

*Additional family members can be listed on the back of this page

Section III- HOUSEHOLD FINANCES

Total Household Income per month for ALL PERSONS included on applicant's tax return \$ _____

Sources of Income/Aid:

Gross Salary from your job(s) \$ _____ Child Support/Alimony \$ _____

Disability \$ _____ Food Stamps \$ _____

Other (please list) _____

This application and required income documentation are confidential information and will be used for scholarship recommendations by the Membership Director.

Signature _____ Date _____

FOR OFFICE USE ONLY:

DATE RECEIVED _____ RECEIVED BY _____

Amount to be paid by participant: _____ Amount to be paid by TJC _____

APPROVED ___Y OR ___N

TERMS OF MEMBERSHIP

- _____ + I understand that members may be photographed for the possibility of being used for publicity and I give exclusive rights to these photos to The Jones Center and waive all claims for compensation for usage.
- _____ + There is a non-refundable \$15 yearly admin fee for all monthly and yearly memberships.
- _____ + All memberships are **non-refundable**.
- _____ + You may cancel **(non-refundable)** membership anytime with a written notice by the 25th of each month.
- _____ + A child must be 13 or older for fitness center use and 16 or older for use without parental supervision.

WAIVER AGREEMENT

I understand that the use of facilities and equipment at The Jones Center may involve risk of property damage or bodily injury including, but not limited to, broken limbs, paralysis, concussions, drowning, or even death and in consideration to my and family members use of the facility I, my heirs, representatives, executors, administrators, and assigns HEREBY DO RELEASE, INDEMNIFY, AND HOLD HARMLESS The Jones Center, its directors, employees, volunteers and participants from any course of action, claims, or demands including, but not limited to, negligence, personal injury, property damage, death, or an accident of any kind, arising out of or in any relation to the use of The Jones Center facilities. I acknowledge that my use of The Jones Center is completely voluntary, and I assuming all risk that comes with using the facility because I have read this agreement in its entirety.

Date _____ Signature _____

AUTHORIZATION AGREEMENT AUTOMATIC PAYMENTS

_____, hereby authorize The Jones Center to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my (our) account indicated below and the financial institution named below, to credit and/or debit the same to such account. Any change or cancellation to this draft must be provided by the 25th of the month in written notice by either party. Should my membership draft not be honored by my bank for any reason, I realize that I am still responsible for that payment.

The monthly amount will be drafted on the 3rd of each month.

First payment amount (paid today) _____ with non-refundable yearly admin fee of \$15.

Monthly payments of _____. First Draft Date ____/03/____.

Signature _____

Credit/ Debit*: Card holder name _____
**Your first payment must be paid with this card.*

ACH Bank Draft*: Account holder name _____
**Please fill out separate ACH form with account information*

Membership Expiration Date _____. If undecided, your membership will automatically renew each month until written notice before the 25th of the month.

FAMILY MEMBERSHIP: Family members must be listed on the same tax return as the primary member.

SECOND ADULT (18 or older)

Name _____ Phone Number _____
LAST FIRST MIDDLE

Date of birth _____
MM/DD/YYYY

Hispanic/Latino/a/x White (non hispanic) Black/African American Male Other____
 Native Hawaiian/Pacific Islander Asian American Indian/Alaskan Native Female

email address _____ Employer _____

CHILDREN

Name _____ Date of birth _____
MM/DD/YYYY

Hispanic/Latino/a/x White (non hispanic) Black/African American
 Native Hawaiian/Pacific Islander Asian American Indian/Alaskan Native
Does this child qualify for free or reduced price lunch? Yes No
Does this child participate in the AR kids program? Yes No
 Male Female Other____

CHILDREN

Name _____ Date of birth _____
MM/DD/YYYY

Hispanic/Latino/a/x White (non hispanic) Black/African American
 Native Hawaiian/Pacific Islander Asian American Indian/Alaskan Native
Does this child qualify for free or reduced price lunch? Yes No
Does this child participate in the AR kids program? Yes No
 Male Female Other____

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Name _____ Date of birth _____
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