



FOR OFFICE USE ONLY

Date Rec'd: _____ Staff Initial _____

Date Approved/Denied _____

City of Maumelle
Department of Senior Services
2 Club Manor Cove
Maumelle, AR 72113

2020 SCHOLARSHIP APPLICATION FOR MEMBERSHIP

Valid from Date of Approval to End of Year

Membership Scholarships are available through the generosity of *Counting on Each Other, Inc.*, as well as members who have donated towards these scholarships. To qualify for a Membership Scholarship, applicants must be city of Maumelle residents who are age 50 or above. Scholarships are only available for the Silver Pass Membership: Monday through Friday from 8 am to 4 pm, and are *limited to donated funds available*. Applicants must provide and attach to this completed application *proof* of income for *all* members living within the household. Acceptable proof of income can be either a copy of a recent bank statement (reflecting activity within the last 90 days), or a 2019 tax return. Income may not exceed \$12,490 as an individual, or \$16,910 as a family of two. **Applicants will receive notification of approval or denial within five (5) business days, and may appeal the decision to the Director of Senior Services within 30 days.** Beginning in 2020, Scholarship Applicants will be required to pay \$10.00 towards their \$35.00 Membership Fees upon approval of their application. Once approved, applicant *must* remit their \$10.00 Membership Fee **within five (5) business days**. Otherwise, the application must be re-submitted.

Applicant Name: _____
FIRST MIDDLE LAST

Cell Phone #: _____ Home Phone #: _____

Street Address: _____ Apt. #: _____

City: _____ State: _____ Zip Code: _____

DOB: _____ Email: _____
(Required) Month Day Year

Emergency Contact Phone Number Relationship

Emergency Contact Phone Number Relationship

Applicant's Annual Income: _____

Other Household Members: Please list ALL other household member names & income on additional sheet, if needed.

Member #2 Name: _____
FIRST MIDDLE LAST

Member #2 Annual Income: _____

I hereby make application and payment (upon approval of this application) understanding that the membership will be effective January 1, 2020 or the date thereafter of signing, to expire on December 31, 2020. I will familiarize myself with the Membership, Events and Transportation Policies provided as separate documents. I agree to adhere to these policies, and acknowledge that failure to do so may result in my payment of damages and the forfeiture of my membership and fees. I certify that I understand the above agreements and provisions, and verify that all information provided is true and correct.

Applicant's Signature: _____ **Date:** _____