FOR OFFICE USE ONLY

Date Rec'd: _____ Staff Intial _____

Date Approved/Denied _____

City of Maumelle
Department of Senior Services
2 Jackie Johnson Cove
Maumelle, AR 72113

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 2020 tax return. Income may not exceed $12,760 as an individual, or $17,240 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.** 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 or the date thereafter of signing, to expire on December 31 of same year. 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:**_____