



LAKESHORE Financial Assistance Form

FY: 2020
Approved % or Declined: \_\_\_\_\_

Scholarship application information will be kept confidential.

Form with columns: Last Name, First Name (MI), Phone Number, Disability / Diagnosis, Address, City, State, Zip

I request scholarship assistance for: (Please check one)

Membership: [ ] Individual [ ] Individual Plus

If applying for Individual Plus, please list ALL members who will be applying for membership. Proof of Residence MUST be provided for ALL members on the account.

Table with 2 columns for listing family members for Individual Plus membership.

Please note that all applications are reviewed to ensure members meet eligibility requirements.

Form with questions: Do you receive SSI / Medicaid?, Do you/your children receive FREE or ASSISTED school lunches?, Do you receive food stamps?, What county do you live in?, Annual gross household income from all sources, How many members are in your household?, Are you or your spouse employed?, Name of Spouse and Job Title

Lakeshore Foundation reserves the right to cancel a scholarship if you do not make the four (4) required visits per month.

Date of Request: \_\_\_\_\_ Signature: \_\_\_\_\_ (Parent or Guardian if under 18 years of age)

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Office Use Only: Notification Mailed to Member \_\_\_\_\_ Approved % or Declined: \_\_\_\_\_



# LAKESHORE

## ***Financial Assistance Application Process***

**To:** Financial Assistance Applicant  
**From:** Barrett Amato, Membership Specialist  
**Re:** Financial Assistance

We are glad you have chosen Lakeshore Foundation as your fitness center. In order to serve you more effectively, we have outlined our scholarship process.

- 1- You must complete a Membership Application along with the Financial Assistance Application or be an active member to apply for financial assistance.
- 2- Please fill out the Financial Assistance Application completely; any missing information will delay processing of the application.
- 3- **Do not forget to provide one of the following documents with your application:**
  - **copy of last year's W-2 or a Social Security tax statement**
  - **copy of paycheck stub**
  - **copy of a social security award letter**
  - **recent copy of a bank statement**
- 4- If applying for Individual Plus, please list all members applying for membership and you **MUST** provide proof of residence for ALL members on the account.
- 5- Present the completed application(s) to a Member Services Professional.
- 6- Within two weeks, you will receive written notification regarding the status of your application.
- 7- If you are approved for financial assistance, you will be required to visit Lakeshore Foundation (4) four times a month to maintain your scholarship.