



## Financial Assistance Application Process

We are glad you have chosen to be a member of Lakeshore Foundation. 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 documentation regarding your household income. One of the following documents is acceptable to include 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. Please list all individuals in your household who are applying for membership. You must provide proof of residence and income (if applicable) 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 four (4) times a month to maintain your scholarship. If you are unable to make your required visits, please contact our membership staff at **membership@lakeshore.org** to keep your account in good standing.



LAKESHORE

# Financial Assistance Application

Application information will be kept **confidential**.

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

I request financial assistance for: (Please check one.)

Membership Type:     Premier             Standard             Youth/Athlete

Please list **all** individuals who are members or are applying for membership. Proof of residence **must** be provided for **all** members on the account.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Do you receive SSI/Medicaid? ..... Yes  No

Do you/your child(ren) receive free or assisted school lunches? ..... Yes  No

Do you receive SNAP benefits/food stamps? ..... Yes  No

Are you a Veteran or Active Military member? ..... Yes  No

What county do you live in? ..... \_\_\_\_\_

Annual gross household income from all sources .....\$ \_\_\_\_\_

(Please attach documentation.)

How many members, including yourself, are in your household? ..... \_\_\_\_\_

(This includes **all** members of your household, not just Lakeshore members.)

Are you or your spouse employed? ..... Yes  No

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 19 years of age)*

**FY:2023**

**Office Use Only:** Notification mailed to member \_\_\_\_\_ Approved % or declined: \_\_\_\_\_