



Fit- One Foundation

Scholarship Application

Our Mission: To equip our community with health and wellness opportunities in a fun and safe environment. Through the proper teaching of exercise and nutrition, we dramatically improve fitness as well as reduce the potential for chronic disease.

Household Information

Primary Adult Name _____ Birth Date (mm/dd/yyyy) _____

Email _____ Phone () _____

Address _____ Unit # _____

City _____ State _____ Zip _____

Preferred Contact Method () Email () Phone

Household Member 1 _____ Birthdate (mm/dd/yyyy) _____ under 18 ()

Household Member 2 _____ Birthdate (mm/dd/yyyy) _____ under 18 ()

Household Member 3 _____ Birthdate (mm/dd/yyyy) _____ under 18 ()

Household Member 4 _____ Birthdate (mm/dd/yyyy) _____ under 18 ()

Household Member 5 _____ Birthdate (mm/dd/yyyy) _____ under 18 ()

Scholarship Requested

Single Membership () Family Membership () — Full Amount \$ () Partial Amount \$ ()

Your Personal Story

Tell us how you feel a scholarship could benefit your household:



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The FitOne Foundation believes that ones desire to be fit and healthy should not be hindered by a financial barrier. We offer a scholarship program based on household needs. The funds awarded to scholarship recipients are provided directly by FitOne donors. To ensure we are responsible stewards of available funds, we ask our applicants to provided documentation to verify household income.

Household Incomes may be shown with one or more of the following of Express Verification or Traditional Verification

Express Verification Documents include:

- WIC - Statement letter/voucher
- HUD/Section 8 / Statement Letter
- Med-Cal / Benefits - Identification Card
- Foster Care / Notice of approval
- College Student / ID Card
- Cash Aid, CalFresh (Food Stamps)
- Ministry (serving ministry part time or full time)

The above documents can be found by contacting your case worker or visiting www.mybenefitscalwin.org. and printing a copy.

Traditional Verification Documents Include:

- Most recent tax return: first 2 pages of Forms 1040 or 1040A
- Two most recent pay stubs
- Other income verification such as SSI , Disability Statement, or Unemployment Benefits

Verification (Pick one: Express or Traditional Verification)

Express Verification: Pre-approval Program (pick one document received)

- () WIC Statement letter/voucher () HUD/Section 8 Statement Letter () Med-Cal
- () Foster Care () College Student I.D. Card () Cal-works/Cash Aid
- () Ministry Name of Organization _____

Traditional Verification Documents

Adult Name: _____ Annual Income _____ Verified? Staff initial/date _____

Adult Name: _____ Annual Income _____ Verified? Staff initial/date _____

Current Household Annual Income: \$ _____

Recent Federal Tax Return - Adjusted Gross Income (AGI) \$ _____

(AGI) is located on -form 1040, line 37,
-form 1040A, line 21
-Schedule C, line 31



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Should I need to continue assistance, I understand this application must be renewed every 12 months. Membership fees are subject to change on my anniversary date without renewal. I certify that the above information is true and complete to the best of my knowledge, and that, I, along with the other adults listed, do not have additional income not represented above, I agree, if necessary, to send additional information and documentation to support the above statements. I understand that scholarships are awarded based on the need. In the event that I, or my children, must cancel my/our participation, I will contact the FitOne staff immediately so that scholarship can be applied to others. I understand that if I falsify any of the above information, I will not be eligible for assistance now and/or in the future.

Signature _____ Date _____

FitOne Foundation Office Use Only

Application Review (print name) _____ Member Contact Date _____

() Approved : Single Membership () or Family Membership ()

() % _____

Denied () (Reason):

Final Review: FitOne Staff Authorization (Print Name): _____

Notes: