



SCHOLARSHIP INSTRUCTIONS

Please read carefully and follow the step-by-step instructions to complete your scholarship application.

Please note: Completion of application does not guarantee assistance. Scholarships will be awarded based on eligibility, funding, timeliness and space available.

1. Complete **the Membership Application** and **Scholarship Application Form**.
2. Attach income verification to these forms. Acceptable forms of verification are: proof of free & reduced lunch program, Unemployment statements, first two pages of your Federal Tax return, or Social Security statements.
3. Mail both forms with income verification to the address listed below. You can also drop off at The Jones Center reception desk.
4. You will be notified of your scholarship opportunity by phone or mail. Please be patient. It may take up to 2 weeks to receive notification.
5. When you receive your scholarship verification from The Jones Center, we will schedule a time for you to come in and finish the membership process. You must come in within the first 15 days after receiving scholarship notification. After that date, our offer will be considered void.
6. **Use black or blue ink only.**
7. Is the requested scholarship for: **Membership** or **Activity**

The Jones Center
Attn: Membership Director
922 E. Emma Ave
Springdale AR 72764
479-756-8090



Scholarship Agreement Form

The Jones Center Scholarship Program

The Jones Center is pleased to provide a comprehensive scholarship program to help provide access to the facility and programs that it provides. The Jones Center is committed to providing its visitors and regional residents access to high quality facilities, programs, and services, and recognizes that Northwest Arkansas is a diverse community with families from all socio-economic levels.

1. Non-use of your Jones Center membership may result in discontinued Scholarship assistance.
2. **Scholarships are valid for 12 months from approval. Reapplying will be required** at the end of the scholarship period and continued use will be dependent upon financial information and the frequency of previous use at The Jones Center. Please attach the first two pages of your most recent tax forms, and one more form of verification. This verification may be anything involving a government assisted program such as ARKids, Medicaid and/or free and reduced lunch programs. You may also attach any form of verification that you are affiliated with any programming such as Arkansas Support Network.
3. All Scholarships are confidential. Applicants agree to refrain from discussing awards with others.
4. **Please sign that you understand and accept the terms of The Jones Center Scholarship Program.**
5. **By signing this agreement, I am stating everything is true and accurate information.**

Signature _____ Date _____

Print Name _____

Please use the space below to write a short essay regarding why you deserve a scholarship and how you will use it.



Scholarship Application

Section I- APPLICANT INFORMATION

Last Name _____ First Name _____
 Address _____ City _____
 Zip Code _____ Home Phone _____
 Cell _____ Email _____

Section II-OTHER FAMILY MEMBERS

List all persons included on applicant's tax return*

NAME	AGE	GENDER	RELATIONSHIP TO APPLICANT

*Additional family members can be listed on the back of this page

Section III- HOUSEHOLD FINANCES

Total Household Income per month for ALL PERSONS included on applicant's tax return \$ _____

Sources of Income/Aid:

Gross Salary from your job(s) \$ _____ Child Support/Alimony \$ _____

Disability \$ _____ Food Stamps \$ _____

Other (please list) _____

This application and required income documentation are confidential information and will be used for scholarship recommendations by the Membership Director.

Signature _____ Date _____

FOR OFFICE USE ONLY:

DATE RECEIVED _____ RECEIVED BY _____

Amount to be paid by participant: _____ Amount to be paid by TJC _____

APPROVED ___Y OR ___N



MEMBERSHIP APPLICATION

THE JONES CENTER WILL CONSIDER ALL APPLICATIONS WITHOUT REGARD TO RACE, RELIGION, COLOR, GENDER, AGE, NATIONAL ORIGIN, DISABILITY OR ANY OTHER PROTECTED STATUS. HOWEVER, FOLLOWING MRS. BERNICE JONES GUIDANCE; "ALL ARE WELCOME WHO BEHAVE AS LADIES AND GENTLEMEN", THE CENTER RESERVES THE RIGHT TO EXCLUDE PATRONS WHO BEHAVE IN A WAY IT DEEMS INAPPROPRIATE. MEMBERSHIP FEES ARE NOT REFUNDABLE AND NON-TRANSFERABLE.

HOUSEHOLD # _____
(internal use only)

INDIVIDUAL MEMBERSHIP

- FITNESS/ADULT (18+) - \$8/month or \$90/year
- FITNESS/CHILD (ages 0-17) - \$35/year
- FITNESS/SENIOR (65+) - \$7/month or \$80/year
- SILVER SNEAKERS (if applicable) _____
- ALL-ACCESS/ADULT (18+) - \$17/month or \$200/year
- ALL-ACCESS/CHILD (ages 13-17) - \$11/month or \$125/year
- ALL-ACCESS/SENIOR (65+) - \$12.50/month or \$150/year

FAMILY MEMBERSHIP

- FITNESS - \$16/month or \$180/year
- FITNESS/SENIOR (65+) - \$9.50/month or \$110/year
- ALL-ACCESS - \$25/month or \$300/year
- ALL-ACCESS/SENIOR (65+) - \$21/month or \$250/year

A fitness membership includes unlimited access to our fitness center, gymnasium, indoor walking track, and fitness classes. An All-Access membership gives you access to all of the Fitness amenities plus unlimited access to our pools and ice rink (during public sessions). **Please note that there is a non-refundable \$10 one-time set up fee for monthly installment billing. USE BLUE OR BLACK INK ONLY. Membership is non-refundable and non-transferable unless except for upgrades.**

PRIMARY ADULT (18 or older)

Name _____ Phone Number _____
 LAST FIRST MIDDLE

Address _____ 2nd Phone No. _____
 NO. STREET APT

_____ Date of birth _____
 CITY STATE ZIP MM/DD/YYYY

Hispanic/Latino White (non hispanic) Black/African American Male

Native Hawaiian/Pacific Islander Asian American Indian/Alaskan Native Female

Email address _____ Corporate Wellness Member (if applicable)

Employer _____ Gold Silver Bronze

In case of illness or injury, The Jones Center is authorized to secure emergency medical treatment at the member's expense. List a person we may contact in case of emergency:

Name _____ Relationship _____ Phone Number _____

Total Annual Household Income (include: Social Security, Child Support; Alimony; Pensions)

- less than \$24,000 \$24,001 to \$48,000 \$48,001 to \$60,000 \$60,001 to \$80,000
- Over \$80,000 Scholarship Request (Verification Required)

WAIVER AGREEMENT

I understand that the use of facilities and equipment at The Jones Center may involve risk of property damage or bodily injury including, but not limited to, broken limbs, paralysis, concussions, drowning, or even death and in consideration to my use of the facility I, my heirs, representatives, executors, administrators, and assigns HEREBY DO RELEASE, INDEMNIFY, AND HOLD HARMLESS The Jones Center, its directors, employees, volunteers and participants from any course of action, claims, or demands including, but not limited to, negligence, personal injury, property damage, death, or an accident of any kind, arising out of or in any relation to the use of The Jones Center facilities. I acknowledge that my use of The Jones Center is completely voluntary, and I assuming all risk that comes with using the facility because I have read this agreement in its entirety.

Date _____ Signature _____

