



Saline Area Senior Center Scholarship Application

The Scholarship Program is in place to assist Saline Area Senior Center (SASC) members. If you are at or under 180% of the National Poverty Guideline, you may qualify for some assistance.

In regards to Scholarships, this can include covering the cost of an annual membership and up to 3 programs throughout the calendar year, with some exceptions such as trips and other programs.

Please complete the application below and the attached detailed financial information. If you are already receiving other types of assistance, please provide copies of that detailed information as well. Items can be returned to Nancy Cowan, Director, SASC, 7190 N. Maple, Saline, MI 48176. Additional questions can be asked at 734.429.9274.

Name _____ Date _____

Address _____

Telephone Number _____ Email _____

Are you a Current SASC Member Yes No Birthdate _____

Are you a Saline Area School District Resident Yes No

Scholarship Program for Recreational Activities

Art / Music Program

Educational Program

Fitness Program

Health Program

Fitness Room

Technology Program

Other specific programs _____

Additional Information _____

Please complete the attached financial worksheet and return with the application. If you are already receiving other types of assistance, please provide copies of that detailed information as well.

I solemnly swear that the above information is a complete description of my total monthly income. I am aware that if this information is found not to be a complete picture of my monthly finances, I may be removed from the Scholarship Program.

Client's Signature

Director's Signature

Date

Date

Office Use Only:

Date Reviewed _____

Approved ()

Denied ()

Details _____

SASC Scholarship Worksheet

Name _____

Date _____

	Monthly	12 Months	=	Annual Total	
ASSETS / INCOME					
SS Income	_____	x	_____	=	_____
Pension	_____	x	_____	=	_____
Savings	_____	x	_____	=	_____
Annuity	_____	x	_____	=	_____
Other:	_____	x	_____	=	_____
TOTAL Income					_____
EXPENSES					
House Payment/Rent	_____	x	_____	=	_____
Groceries	_____	x	_____	=	_____
Heat	_____	x	_____	=	_____
Electric	_____	x	_____	=	_____
Recreation	_____	x	_____	=	_____
Taxes	_____	x	_____	=	_____
Garbage P/U	_____	x	_____	=	_____
Water/Sewer	_____	x	_____	=	_____
Medical Expense	_____	x	_____	=	_____
Medical Deduction	_____	x	_____	=	_____
Phone	_____	x	_____	=	_____
Cable/Dish/Internet	_____	x	_____	=	_____
Other:	_____	x	_____	=	_____
Other:	_____	x	_____	=	_____
TOTAL Expense					_____