Wyoming Senior Fellowship Club, Inc.

2380 DeHoop SW
Wyoming, MI 49509

The Wyoming Senior Fellowship Club, Inc. of the Wyoming Senior Center believes that all seniors have a need for recreation and continued education. The Fellowship Club has dedicated funds for the purpose of granting **club members** to participate in classes sponsored by the Wyoming Parks and Recreation Department.

If you qualify under the guidelines below and are a current member of the Wyoming Fellowship Club, and would like to register for a class sponsored by the Wyoming Senior Center, simply fill out the application on the reverse side of this flyer and return it to the office at the WSC. All information is confidential. Our main objective is to provide all members the opportunity to participate. If you have any questions, call (616)530-3190.

Eligible Percentage of Class Fee	Household Income for (1)	Household Income for (2)
100%	$11,770 and under	$15,930 and under
75%	$11,771 – $14,642	$15,931 – $19,767
50%	$14,643 – $17,515	$19,768 – $23,645
25%	$17,516 – $20,387	$23,646 – $27,522

The Finance Committee has authorized up to $2000 in total scholarships for the FY July 1, 2015 – June 30, 2016. Each qualifying applicant will be limited to **3 program sessions during this time period as funding allows.** Special circumstances and available funds will be taken into consideration for additional scholarships.

Wyoming Senior Fellowship Club, Inc. Scholarship Program Application FY 16

Today's Date: _____ **Date of Birth:** _____/_____/_____

Name: _____ **Phone:** _____

Address: _____ **City/Zip:** _____

Class Requested: _____ **Session(s) Dates Requested:** _____

Household Income Total for 2014 (See attached Income Worksheet) _____

Please be prepared to provide copies of all necessary documents to confirm this income.

Additional information that you would like us to consider:

_____

_____

I, the undersigned, have provided the above information and verify its accuracy.

_____ _____

Signature of Applicant Phone

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FOR OFFICE USE ONLY

Percentage Approved: _____ Denied: _____Reason:_____

Date: _____ Staff Member Signature:_____