



THE MICHELI CENTER FOR SPORTS INJURY PREVENTION

THE MICHELI CENTER SCHOLARSHIP FUND APPLICATION

The Micheli Center for Sports Injury Prevention seeks to provide its services to all, regardless of age, sex, ethnic origin or financial means. To support this goal, we have established The Micheli Center Scholarship Fund, which allows us to offer our services to those who may not otherwise be able to afford it.

The Micheli Center Scholarship applications will be reviewed by management to determine the financial need of each applicant. Fees and dues will be reduced according to each applicant's need and the availability of funds. Scholarship recipients will be required to reapply on an annual basis.

Required Documents

(If applicable)

1. Copy of previous year's 1040 Federal Tax Form if Federal taxes were filed
2. Copy of last two (2) employment pay stubs or bank statement showing automatic monthly deposit
3. Copy of Social Security or Disability checks, or copy of bank statement showing amount of automatic monthly deposit if applicable
4. Copy of unemployment check, incoming child support or incoming alimony payment, or copy of bank statement showing amount of automatic monthly deposit
5. Copy of rent assistance, ADC, food stamps, or other forms of assistance
6. Documentation for any other regular incoming funds if applicable

You can email the completed application to coreydawkins@themichelicer.com, fax to 781-216-3717, or mail it to the following address: Corey Dawkins, The Micheli Center, 9 Hope Ave, Waltham MA 02453

Note: Staff review of applications may take up to five (5) working days from the date completed materials are received from the applicant.

The Micheli Center Scholarship Fund Application

Participant Name (please print) _____ DOB / /
(MM/DD/YYYY)

Legal Guardian Name (if under 18) _____

Home Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Email Address _____

Total Monthly Household Income _____ # of Children in household _____

Applying for (please check all that apply):

Injury Prevention Evaluation Membership Specialty Classes/Programs

Please state why you are in need of a Scholarship:

I understand that the Micheli Center for Sports Injury Prevention Scholarship Program is designed to assist the youths, adults and families who would otherwise be unable to participate or who have a particular need for The Micheli Center programs. I agree to notify The Micheli Center of any change in my income or ability to pay. I am aware that assistance funds are awarded for a maximum of one year, after which time it is my responsibility to reapply. I understand that The Micheli Center Scholarships and amount awarded are subject to review at any time. I understand that by signing this form, I authorize The Micheli Center to obtain credit information. All information is subject to verification.

Parent or Legal Guardian Signature _____ Date / /
(MM/DD/YYYY)

FOR OFFICE USE ONLY

RECEIVED BY: _____ DATE RECEIVED: _____

APPROVED: YES NO _____ REVIEWED & DECIDED ON BY: _____

% FAMILY RESPONSIBLE FOR: _____ % TMC SCHOLARSHIP COVERING: _____