



Fitness Center Scholarship Application

Applicant's name: _____

Parents/Guardians Name(s): if under 18 _____

Address: _____

Phone #: _____ Cell #: _____

Email address: _____

Number of household members living under same roof: _____

What is your goal for using the fitness center? _____

Have you attended other ICC programs: _____ If yes, what programs? _____

What is your monthly income before taxes? _____

If applicable, what is your spouse/partner's monthly income before taxes? _____

If we are not able to give a full scholarship would you consider accepting a partial one? Yes ___ No ___

Are there any special circumstances that would be important to know about this application?

Signature: _____ date: _____

Parent/guardian signature: _____ date: _____
(if applicable)

Return application to: the Fitness Center - Island Community Center; PO Box 617; Stonington ME 04681