

ELIGIBILITY REQUIREMENTS

Full scholarships will be distributed based on eligibility guidelines of **250% of the 2018 Federal Poverty Level** as defined by the United States Department of Health & Human Services. Full and partial scholarships will be awarded based on each applicant's ability to pay and the funds available.

Persons in Family or Household	Adjusted Gross Income 1040 Line 37
1	\$30,350
2	\$41,150
3	\$51,950
4	\$62,750
5	\$73,550
6	\$84,350
7	\$95,150
8	\$105,950

ACCEPTABLE PROOF OF INCOME

Please attach one of the following to your financial aid application:

- The first two pages of signed copy of 2016 income tax return
- If you do not file a tax return, please provide copies of your last four payroll stubs, unemployment check, or SSI, SSD, or public assistance benefit notification
- If you do not have income, please provide a letter of support from friend or family member

APPLICANT INFORMATION

Student First and Last Name:
Guardian First and Last Name:
Guardian's Current Employer and Position/Title:
Employer Phone:

HOUSEHOLD FINANCIAL INFORMATION

Number of adults in household:	Number of children in household:
Total Annual Family Income:	

If you do not qualify for a full scholarship based on the 2018 Federal Poverty Limits, you must submit supporting evidence of inability to pay the full program fees. This includes medical bills, monthly rent or mortgage statement, financial aid approval institutions, etc.

I hereby certify that the information contained in my application is complete and accurate. I understand that failure to provide accurate information will result in forfeiture of any financial assistance. Wellfit Girls Program SWFL, Inc. reserves the right to rescind any assistance provided if and when any false or misleading information is provided.

Signature: _____ Date: _____

Wellfit Girls will review this information and contact the applicant as soon as possible.

All information is confidential and is for Wellfit Girls use only. August 16, 2018 version 3.0