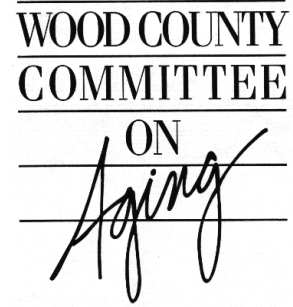


The Wood County Committee on Aging, Inc.
Program Scholarship Application



This scholarship is intended to enable applicants to take part in the various fee-based programs and services that the Wood County Committee on Aging, Inc. offers without the financial burden.

1. **Deadline** for scholarship applications is *30 days prior* to the fee-based program/service that applicant wishes to participate in.
2. **One application per individual** must be submitted in order for consideration.
3. Submissions can be dropped off at any of the seven senior centers of the Wood County Committee on Aging, Inc. or mailed to:
***Program Scholarship Application
Wood County Committee on Aging, Inc.
140 South Grove Street
Bowling Green, OH 43402***
4. If you have any questions about the application, feel free to contact the Program Department of the Wood County Committee on Aging, Inc. in Bowling Green at **(419) 353.5661** or toll-free at **1(800)367.4935**. You can also send an e-mail to programs@wccoa.net

NOTE: Scholarship funds will be awarded to the participant upon evidence of registration of fee-based programs and services sponsored by the WCCOA such as:

- **Classes**
- **Events**
- **Trips (Educational)**
- **Fitness**
- **Health screenings (cholesterol, blood sugar)**

*****The scholarship CANNOT be used for things such as: home repairs, medical/personal bills, and medical equipment or hardware.***

Award Conditions: One (1) \$50 scholarship maximum annually awarded **per person** at discretion of the scholarship committee. *Scholarships are non-transferable and have no cash value. Lack of participation in program/class can result in reimbursement of awarded scholarship funds and future eligibility.*

Criteria:

1. Applicant must be 60 years old and over.
2. Applicant must demonstrate a financial hardship.
Committee will review application criteria based on the current Federal Poverty Guidelines.
3. Applicant must be a Wood County resident.

Over →

Application: (please print)

Name: _____ Phone Number: _____

Address: _____

Monthly Income: _____ Number of Persons in Household: _____

Fee-based programs/services to register for: _____

Reason for Submission: _____

Submit additional comments on a separate page

STATEMENT OF ACCURACY

I affirm that all the above stated information provided by me is true and correct to the best of my knowledge. I understand that if chosen as a scholarship winner, I must provide evidence of enrollment/registration in a program of my choice at the Wood County Committee on Aging before scholarship funds will be awarded.

Scholarship Applicant Signature: _____

Date: _____

FOR OFFICE USE ONLY:

Submission Date: _____

Review Date: _____

Scholarship Status

- Awarded
- Not Awarded

Date of applicant's last award _____

Person contacted:

- Yes _____ Date
- No _____ Date