



Scholarship Program Information

The Conway Regional Health and Fitness Center Rock Steady Boxing scholarship program is designed to assist individuals that would not otherwise be able to participate due to financial hardships. The program is made possible by donations to the Conway Regional Health Foundation. Funds are limited and this affects the number of scholarships awarded on an ongoing basis.

To assist us in the scholarship award process we have established criteria based upon financial need. Preference is also given to new applicants to allow others to receive this benefit as well. Eligibility will be determined after a scholarship application and supporting documents (see below) have been completed and submitted. Applicants will be notified of acceptance or denial in writing.

Scholarships will be provided for a maximum of one year. Each recipient may reapply for an additional year within 60 days prior to their scholarship termination date

Conway Regional HFC reserves the right to terminate the scholarship program as well as an individual scholarship at any time for lack of attendance, disregard of facility rules and regulations, or any other unforeseen circumstances.

To apply for the Rock Steady Boxing Scholarship Program you will need to complete and submit the following:

1. Attached scholarship application form
2. Referral from your physician or healthcare provider to Rock Steady Boxing
3. Attached financial information form
4. Copy of most recent 1040 tax return or equivalent document
5. One full months worth of current pay stubs or unemployment benefits

Incomplete applications will not be considered. All applications and any supporting information provided will be treated as confidential and handled in manner consistent with confidential personal information. Applicants will be notified within thirty (30) days of the application review.

All applications may be submitted to:

Mallory Lefler, Fitness Manager | 700 Salem Road | Conway, AR 72034



Scholarship Application

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Gender: M or F Age: _____

Email: _____

Please list all individuals in your household, other than yourself:

Name	Age	Relationship

Have you ever received a scholarship from Conway Regional Health & Fitness Center?

Yes or No If so, when? _____

Are you currently a member of Conway Regional Health & Fitness Center?

Yes or No

Employment information

Applicant's employment status (Please circle one):

Self employed Unemployed/benefits Disabled Unemployed Retired

Name of employer if employed: _____

Position/Title: _____

Spouse's employment status (Please circle one):

Self employed Unemployed/benefits Disabled Unemployed Retired

Name of employer if employed: _____

Position/Title: _____

Have you ever been convicted of a felony? Yes or No



Financial Information

Total Monthly Income

	Applicant	Spouse	Total
Wages/Salary	\$ _____	\$ _____	\$ _____
Social Security	\$ _____	\$ _____	\$ _____
Workers Compensation	\$ _____	\$ _____	\$ _____
Unemployment	\$ _____	\$ _____	\$ _____
Pension	\$ _____	\$ _____	\$ _____
ADC, GA, Food Stamps	\$ _____	\$ _____	\$ _____
Alimony	\$ _____	\$ _____	\$ _____
Child Support	\$ _____	\$ _____	\$ _____
Total Gross Income	\$ _____	\$ _____	\$ _____

Total Monthly Expenses

Mortgage/Rent	\$ _____
Utilities (including phone)	\$ _____
Vehicle (loan, gas, etc....)	\$ _____
Groceries	\$ _____
Medical Expenses (not covered by insurance)	\$ _____
Entertainment	\$ _____
Recreation (golf, fitness, etc....)	\$ _____
Childcare	\$ _____
Clothing	\$ _____
Insurance	\$ _____
Total	\$ _____

Real Estate Information

Please check one: Own _____ Rent _____ Payment Amount \$ _____

Checking: Average Monthly Amount \$ _____ Bank _____

Savings: Average Monthly Amount \$ _____ Bank _____

I understand that this application is made for Conway Regional Health and Fitness Center (CRHFC) to review my eligibility for scholarship. I certify that the information is true and correct and all the information submitted is subject to verification by CRHFC. I further understand that awarding of scholarships is the sole decision of the Scholarship Committee and if awarded, agree to abide by the scholarship maintenance criteria.

Signature _____ Date _____