



It is the policy of the Greater Maple Valley Community Center to make services available to all participants regardless of the ability to pay. This policy is accomplished by setting fees at rates affordable to the majority of participants and by making payment plan options and financial assistance available to those for whom GMVCC fees are not affordable.

Financial assistance for any GMVCC program is available based on the participant's ability to pay. In order to maximize the number of participants within available resources, the number and dollar amount of scholarships may be limited. The application process is initiated by completing the confidential form below. GMVCC scholarships are funded in part by the generous support of individuals and organizations in the community.

Applicant's Name \_\_\_\_\_ Application Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Other Phone \_\_\_\_\_ Email \_\_\_\_\_

Program (REQUIRED)	Program Date	Program Cost	\$ Requested
<input type="checkbox"/> _____	_____	_____	_____
<input type="checkbox"/> _____	_____	_____	_____
<input type="checkbox"/> _____	_____	_____	_____
<input type="checkbox"/> _____	_____	_____	_____

**Total Scholarship Funds Requested** \_\_\_\_\_

**Reasons for Requesting Scholarship**

Please explain why you are interested in participating in this program and why you need this scholarship.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**I hereby apply for GMVCC Financial Assistance for the above named applicant. I certify that I am financially unable to pay the regular fees.**

\_\_\_\_\_  
Applicant or Program Manager  
Signature and Date

\_\_\_\_\_  
Parent or Guardian Signature and Date  
*Applicants under 18 years of age*

OFFICE USE ONLY: ORIGINAL TO FINANCIAL SERVICES		
Date Received _____	Received by _____	Registration # _____
<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved	Award Amount _____	Acct Fund _____
Payment Plan Option _____		