

TIMPANY CENTER



"Where Service, Fun, and Learning Touch the Community"
730 Empey Way, San Jose, CA 95128

Spring 2018 Spartan Recipient Application

The Timpany Center is proud to offer our Spartan Recipient Scholarship Program! Each Scholarship Program member will be paired with a Timpany Center intern (SJSU Spartan!) to work with you at least twice a week. Anyone interested is encouraged to carefully read and fill out the application. *Make sure you thoroughly understand the rules and regulations set by this program for your participation.*

The Scholarship Program will run from February 16th 2018 – May 16th 2018

Applications are due by Friday, February 9th via email or hard copy.

Late Applications will not be accepted.

Requirements:

- Proof of low income.
- Statement of Need.
- Each week you will be required to meet with an assigned intern at-least **two days a week** in the pool. Please understand that the intern is not a physical therapist and will only assist you with the fitness/wellness goals you wish to accomplish upon the completion of the Scholarship Program. It is intended to be a mutually reciprocal learning relationship between you and the SJSU Kinesiology undergraduate intern.
- Willingness to participate in a case study (Intern's final project) about your three-month progress across the Scholarship Program.
- Agree to all terms of the Scholarship Program.**
- Ability to pay first (\$25) and last month's (\$25) payment at your initial Intern/SR meeting.** Further payment is to be collected on the 19th of the corresponding month, being March 19th. This payment on the 19th of march will conclude the \$75 payment for the program.

Optional:

- Doctor's note/Physician recommendation of exercises.

Initial: _____

Checklist

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED!

- Scholarship Applicant Information
- Statement of Need
- Low Income Verification Form
- W-2 with most current tax return
- Availability schedule (Please note your weekly availability will considered in the selection process)

Initial: _____

*There may be some situations in which we are unable to accommodate your assistance needs, therefore you may be required to provide an additional assistant to help with those needs.

Low Income Verification Form

Number of persons directly dependent on your income: _____

Monthly Expenses:

Housing/Rent/Mortgage	\$ _____
Utilities	\$ _____
Food/Household Items	\$ _____
Car Loan	\$ _____
Car Insurance	\$ _____
Gas/ Auto Maintenance	\$ _____
Public Transportation	\$ _____
Medical/Dental	\$ _____
Health Insurance	\$ _____
Childcare (ages 12 & under)	\$ _____
Clothing	\$ _____
Recreation	\$ _____
Other (specific)	\$ _____

Total Monthly Expenses \$ _____

Monthly Income:

Income from work	\$ _____
Social Security Benefits	\$ _____
Child Support	\$ _____
Alimony or Separation Maintenance	\$ _____
Veterans Benefits	\$ _____
Unemployment/Disability Compensation	\$ _____
Disability Benefits	\$ _____
Pensions or Retirement Benefits	\$ _____
Housing/Food/Other living allowances from military, church, family, friends, etc.	\$ _____
Other (specify) _____	\$ _____

Total Yearly Expenses \$ _____

******Please attach your W-2 with current tax return**

Initial: _____

Scholarship Program Availability Form

Name: _____

Please **X** the times that you are **NOT** available to use the Timpany Center. We will use this form to determine what intern you will be teamed up with and when your sessions will be scheduled. (dashed lines mark half hours)
Please note- Availability may determine who is eligible for the Scholarship Program. The more time you have available, the better your chances being accepted into the Scholarship Program.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
6:30-7am						
7a-8a						
8a-9a						
9a-10a						
10a-11a						
11a-12p						
12p-1p						
1p-2p						
2p-3p						
3p-4p						
4p-5p						
5p-6p						
6p-7p						
7p-8p						
8p-8:30p						

Comments about availability:
