

TIMPANY CENTER



730 Empey Way, San Jose, CA 95128

Fall 2019 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 11 to May 13, 2019

Applications are due by Wednesday, August 7th via email or hard copy.

Late Applications will not be accepted.

Requirements:

- Income verification forms.
- Statement of Need. Explain how this program can impact your life.
- Each week you will be required to meet with an assigned student 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.
- Pay the total amount of \$75 dollars for the program during the submission of your contract at the start of the program, February 11,2019. All checks are to be written to: SJSURE

Optional:

- Doctor's note/Physician recommendation of exercises.

Initial: _____

Checklist

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED!

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

Initial: _____



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: _____

Availability Form

Name: _____

Please **cross out** the times that you are **NOT** available to participate in the program. We will assume that blank spaces indicate open availability (dashed lines mark half hours). This form is used to match your schedule with an intern.

Please note- Your availability may be a determining factor for your acceptance into the Spartan Recipient 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: