

**Mentor Senior Center
APPLICATION FOR FINANCIAL ASSISTANCE**

Please complete the form in its entirety. All information will be held in confidence. **You will be notified of the status of your application approximately four weeks after the application deadline.**

Name _____ Home/Cell Phone _____
First Name Last Name

Address _____ City _____ Zip _____

Please circle one: New applicant Renewal applicant

Member of Silver Sneakers: Y or N 16-Digit Silver Sneakers number: _____
 (if you have NOT already registered it with the Mentor Senior Center)

What activities would you like financial assistance for? Be specific and list in order of preference.

Program/activity	Cost per session	Number of sessions	Total Cost

Income: **Please attach proof of gross income** i.e. Annual social security award letter / First page of income tax return
Annual Social Security (annual award letter, amount before deductions) _____
Annual pension/retirement _____
Annual interest and dividends from investments _____
Annual disability (annual award letter) _____
Annual salary (w2) _____
Total gross annual income _____

Household Size Please circle: 1 or 2 other _____

Additional Financial Information: Please state extenuating financial circumstances, if appropriate. (Please attach a sheet of paper if space is needed.) _____

Current activities at the center: _____

Volunteering: We have found that the most committed members are volunteers. **Recipients of financial assistance are required to volunteer a minimum of 12 hours per year at the Mentor Senior Center.**

- Volunteer activities at the Mentor Senior Center in the last 4 months: _____
- If you are unable to volunteer, please list the reason why: _____

Why is receiving financial assistance important to you? _____

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Applicant's Signature

Date

Financial Assistance Information Sheet

- The financial assistance program is designed to provide programs and services to those members who find it financially difficult to participate.
- This program is financed by funds allocated by the Board of Trustees, Mentor Seniors LLC. These funds come from the support of our members through the collection of membership dues and private donations. Specific dollar amounts are allocated each year and financial assistance will be granted within such allocations.

Eligibility

- **55 years of age or older**
- **Member of the Mentor Senior Center**
- **Resident of Lake County**
- **Maximum gross annual income of \$29,160 for a household of 1 and \$39,400 for a household of 2. Proof of income is required. Extenuating financial circumstances may be considered**
- **Volunteer at the Mentor Senior Center (minimum of 12 hours per year)**

Activities Eligible for Financial Assistance

- Ongoing classes at Mentor Senior Center such as fitness classes and art classes
- Special events at the Mentor Senior Center such as monthly celebration luncheons, concerts and entertainment
- Mentor Senior Center annual membership/ special elder annual fee

Directions

1. **Complete the entire form and provide gross income documentation (Information will be kept confidential)**
2. List each program or activity separately and please be specific
3. Include the total cost for each program
4. Any funds allocated must be used for the program for which it was requested
5. All funds need to be used within the timeframe for which it was provided
6. Any funds allocated but not used will be returned to the Financial Assistance Fund
7. A new financial assistance application must be submitted for each registration period – 3 times per year.