



Dianne Hinsz Memorial Scholarship 2012 Application Form

Your application must be received at least two weeks prior to the first class to allow adequate time for eligibility processing.

The Dianne Hinsz Memorial Scholarship Program was created by Dianne's family and is jointly administered by Senior Citizens of Davis, Inc. and the City of Davis Community Services Department. Dianne was a long-time volunteer at the Davis Senior Center and a frequent participant in many fitness classes. In offering this scholarship program, we hope that you will also experience the benefits of a more active and fulfilling lifestyle through the many activities and programs offered at the Davis Senior Center.

APPLICANT INFORMATION

Name _____ Birthdate _____/_____/_____

Address _____ City _____ Zip Code _____

Phone _____ Email (if applicable) _____

ACTIVITY INFORMATION

Class Title _____ Class Registration Code: _____

Class Session Dates _____ Price of Class _____

Annual Household Income \$ _____ One-person household _____

Two-person household _____

Signature _____ Date _____

ELIGIBILITY INFORMATION

The Hinsz Memorial Scholarship program is for very-low income seniors, 50 years or older, who reside within the City of Davis, and with a 2011 income level below \$26,950 for individuals or \$30,800 for couples. If your income is above these income limits, you may use the back of this form to provide a written explanation of any special circumstances that we should consider in reviewing your application.

Scholarships are limited to **\$150 per calendar year**, per person, and may only be used for fee-based special interest or fitness related classes offered by the Davis Senior Center. Scholarships may only be used for the registration fee, and may not be used for material or supplies necessary for the class. Programs excluded for scholarship use include themed events, travel, fundraising events, information & assistance services, respite and meal services.

Please return application form to: Davis Senior Center, 646 A Street, Davis, CA 95616, (530) 757-5696 or via email at: seniorservices@cityofdavis.org

For Office Use Only

Date Rcvd _____ Amt. Approved _____ Denied _____ Reviewed By _____

RecTrac Entry Date _____ SCD Pymt Request Date _____ Written Notification to Applicant _____