



2101 Walker Solomon Way
Columbia, SC 29204
(803) 545-3200

Email: DrewWellnessCenter@ColumbiaSC.net

Scholarship mission:

The Drew Wellness Center scholarship provides financial assistance for youth, families and individuals who cannot afford the full cost of Drew Wellness Center membership.

Purpose of scholarship:

The purpose of the scholarship is to offer membership and program participation to all individuals and families who desire to live an active and healthy lifestyle. Scholarships are provided on a fair and open basis without regard to race, religion, color, sex, age national origin, marital status or any other classification protected by applicable local, state or federal law.

Eligibility:

A scholarship application must be completed and submitted, and applicant must provide the following information:

- 1) Applicants must live within the City of Columbia.

Please provide one Proof of Residency:

- Most current SC Driver's license
- Most current utility bill (water or electricity)
- Current lease or mortgage agreement

- 2) Assistance will be provided based on financial need.

Please provide one Proof of Income:

- Most current pay stubs or unemployment benefits (1 month).
- Federal and state agency award letter, i.e. AFDC, Social Security, SSI award letter

- 3) Personal letter explaining why you would like to be considered for a scholarship.
- 4) Extenuating Circumstances requiring need (for example: medical treatment, education costs, unemployment).





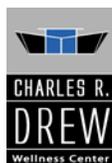
Scholarship guidelines:

1. Scholarships are awarded each month for a period of three months.
2. Scholarship recipients must attend orientation, complete membership form and sign a waiver of liability prior to using the wellness center.
3. Scholarship recipients are expected to visit the wellness center at least two times a week (attendance will be monitored weekly). Failure to meet the attendance requirement will result in termination from the program.
4. Scholarship recipients that are not attending the wellness center at least two times per week as agreed may lose their scholarships. Cancelled awardee will be notified in writing.
5. Scholarships can be renewed up to two times per 12 month period. Each renewal will be reviewed by the committee and will be awarded based on past visit and attendance history, continued financial need and the availability of funds. Persons who fail to meet the minimum attendance requirements will not be subject to a scholarship renewal.

Please submit an original application to:

Charles R. Drew Wellness Center Scholarship Committee
2101 Walker Solomon Way
Columbia, South Carolina 29204





Charles R. Drew Wellness Center Scholarship Application

Name: _____

Address: _____

Phone Number: Cell _____ Home _____

Email Address: _____

Date of Birth: _____ Gender: Female _____ Male _____

Employer _____ Phone _____

Employer's Address _____

Marital Status: _____ Single _____ Married _____ Separated/Divorced _____

Spouse's Name _____

Spouses Employer _____

Type of scholarship requested: Individual: Senior _____
Adult _____
Youth _____

Family _____ (up to 4; must live in same household)

Please list the first and last name of all dependents, living in your household, which you claim on your federal tax return that will be using the scholarship:

Name	Birth Date	Gender	Age
_____	__//__//__	_____	_____
_____	__//__//__	_____	_____
_____	__//__//__	_____	_____
_____	__//__//__	_____	_____

By signing this document, I acknowledge participation in the Drew Wellness Center scholarship program is a voluntary activity. I certify that the information on this form is true and completed. I understand any personal information collected is completely confidential. I agree to follow the rules and regulations of the scholarship program. I further understand that non-compliance with the regulations may result in termination of the scholarship

Applicant Signature _____ Date: _____

