

GALTER LIFECENTER – SCHOLARSHIP PROGRAM FAQ

Why do we offer this?

One of Galter LifeCenter's core values is to provide individuals with the skills, knowledge and professional guidance needed to improve their health. We recognize that there are individuals in our local community that would benefit from Galter Life Center's programs and services, but cannot afford our monthly dues. Galter LifeCenter's Scholarship Program provides those specific community members the opportunity to educate themselves about and begin healthy habits that they can continue for a lifetime. Currently, we offer this program to 250 people.

What is the Galter LifeCenter Scholarship Program?

- A Scholarship Membership is an individual membership. (Only one person is allowed on this membership account.)
- Scholarship Members will receive \$50 off the current individual full membership dues for 12 months. Limited and Unlimited memberships are not an option. During this term, the Scholarship Member will receive the same benefits as full paying members. (i.e. member discounts, full facility access during operating hours, over 100 group classes, guest passes, etc.)
- Each Scholarship Membership lasts for 12 months. An individual can participate in the Scholarship Program for a maximum of two consecutive years.

Who is eligible for this program?

- Individuals who can demonstrate:
 - Financial need
 - Medical necessity
 - A commitment to a healthy lifestyle
- Individuals who have NOT participated in the Galter LifeCenter Scholarship program within the last 24 months.

How do I apply for the Scholarship Program?

- Visit the Membership Department to be added to the Scholarship Program Waiting List.
- Potential Scholarship candidates are contacted in the order in which they appear on the list. A potential Scholarship candidate has 30 days to provide all necessary documentation to Galter LifeCenter. If documentation is not provided, the candidate will no longer be eligible for a Scholarship Membership. The candidate may choose to rejoin the waiting list.

How is Financial Need determined?

- A Scholarship applicant must provide verification of income, assets, etc. Failure to provide this information will make the applicant ineligible.
- Applicants must complete the Scholarship Eligibility Worksheet. Galter LifeCenter will determine the applicant's eligibility based on current year federal income poverty guidelines.
- Illinois residents who have a total household income that is no more than two times the Federal Poverty Guidelines (as determined each year) are eligible for a Scholarship Membership.
- Documentation of income is required.
 - Please provide ONE of the following
 - If an income tax return is filed, provide Prior Year Income Tax Return. (The tax return must be signed by preparer(s) and have EIN if prepared by a tax service
 - If an income tax return is NOT filed, provide three consecutive months of bank statements (Checking and savings)
 - AND three consecutive month's documentation of all that apply from below:
 - Paycheck stubs and / or documentation of cash / independent contractor income
 - Social security and /or pension checks
 - Unemployment benefits checks
 - Disability benefits
 - Public Aid

How is Medical Necessity determined?

- The Scholarship applicant must have a specifically diagnosed medical condition.
- The Scholarship applicant must provide a physician's note stating
 - The applicant's specific diagnosis
 - Clearance / approval for beginning an exercise program
 - The benefits of a regular exercise program

How is Commitment to a Healthy Lifestyle determined?

- If the applicant is not currently a Galter LifeCenter member, his / her commitment will be determined by his / her willingness to complete and provide the appropriate documentation regarding financial need and medical necessity.
- If the applicant is currently a Galter LifeCenter member, he / she must have visited Galter LifeCenter at least 100 times within the past 12 months (approximately 2 times per week).

I have been a Scholarship Member for a year, how do I reapply?

- Visit the Membership Office and complete the Scholarship Eligibility Worksheet before your membership term is up.
 - Provide documentation regarding financial eligibility.
 - Provide documentation regarding medical necessity
 - Demonstrate commitment to your personal wellness by visiting Galter LifeCenter 100 or more times during previous year.
- If you no longer meet the above criteria, your Scholarship Membership will not be renewed.
- If you do not reapply, your membership will be automatically cancelled at the end of the term. Once the membership has been cancelled, you have a three month grace period in which to renew your Scholarship Membership. After this time, the open spot will be given to the next person on the waiting list.

I have been a Scholarship Member for two consecutive years, how can I continue my membership?

- Convert your membership to a Full or Limited Membership. You will pay current rates or if applicable, Ten Year member rates.
- Add your name to the Scholarship waiting list. You will be contacted when a Scholarship spot is available.



Date

Dear _____ (Applicant)

Thank you for choosing Galter LifeCenter (GLC) for your wellness needs. We offer financial assistance to help people of limited financial means. GLC has developed financial policies to facilitate this process. **A social security number is not required to apply for financial assistance.**

Information about your income and family size are important in determining if you are eligible for any financial assistance from Galter LifeCenter. Please fill out the worksheet to justify federal income poverty guideline qualification and refer to current years chart for criteria. Also, provide any evidence you have to support your information, using the specific requirements below.

Financial Need

1. About your income:

- If you file an income tax return. Prior Year Income tax returns (required method) *TAX RETURN MUST BE SIGNED BY PREPARER/S AND HAVE EIN IF PEREPARED BY A TAX SERVICE*
- If you do not file an income tax return three Consecutive Months' Documentation of Bank statements (Checking and Savings)
- And Three consecutive month's documentation of all that apply from below:
 - Paycheck stubs and or documentation of cash/independent contractor income
 - Social security and/or pension checks
 - Unemployment benefits checks
 - Disability Benefits
 - Public Aid

Please fill out corresponding worksheet below.

2. **About the size of your family (household).** Provide the names and relationship of all the dependents listed in your household. Example of supporting document – your most recent income tax filing, and comment on any difference between the tax filing list and now. Only one person will be allowed on an individual membership. If two or more people are applying for a charity care membership, they must qualify based on total household income guidelines.

Federal Guidelines for 2016 HHS

Household Size	Yearly Income Poverty Line	Yearly Income (200%)
1	\$11,770	\$23,540
2	\$15,930	\$31,860
3	\$20,090	\$40,180
4	\$24,250	\$48,500
5	\$28,410	\$56,820
6	\$32,570	\$65,140
7	\$36,730	\$73,460
8	\$40,890	\$81,780
For Each Additional Person	\$4,160	\$8,320

Medical Need

A Scholarship Membership is available for anyone that has a diagnosed medical condition as documented by a physician's note stating specific diagnosed medical condition, physician, clearance/approval for exercise and the benefits of a regular exercise program.

Please be reminded that to re-qualify, you will need to resubmit the financial worksheet and medical necessity forms with diagnosed medical condition annually prior to the expiration of the membership's annual term. It is the responsibility of the member to renew their membership. If the membership is not renewed within one month of the cancellation date, your space in the program will be offered to another applicant.

Scholarship Eligibility Worksheet

STAFF REVIEW
Member # _____
Completed by: _____
Renewal Process Date _____
Expires on: _____

*****ALL INFORMATION PROVIDED IS CONFIDENTIAL*****

None of the financial documentation will be kept except for this worksheet and physician note.

Name: _____ Date of Application: _____

Thank you for your interest in a Scholarship membership. Applying/Reapplying for a one year membership is as easy as 1-2-3:

1. Complete this Scholarship Eligibility Worksheet.
2. Obtain all current financial documents requested and doctor's note with specific diagnosis as outlined *in Galter LifeCenter Scholarship Program FAQs*.
3. Bring all of the above information to the Membership Office by the twentieth of the current month to determine eligibility and secure your position as a Scholarship recipient.

Financial – Applicant provided:

_____ **If you file an income tax return** – prior year income tax return (required method). Dependents that are not listed on your income tax return do not qualify to be counted on the Federal Guidelines Household Size. ***TAX RETURN MUST BE SIGNED BY PREPARER/S AND HAVE EIN IF PEREPARED BY A TAX SERVICE***

ADJUSTED GROSS INCOME _____ **HOUSEHOLD SIZE** _____

_____ **If you do not file an income tax return** - Three Consecutive Months' Documentation of Bank statements (Checking and Savings)

AND three consecutive month's documentation of all that apply from below:

- _____ Paycheck stubs and or documentation of cash/independent contractor income
- _____ Social security and/or pension checks
- _____ Unemployment benefits checks
- _____ Disability Benefits
- _____ Public Aid

MONTHLY	Month 1 Deposits	Month 2 Deposits	Month 3 Deposits
Applicant	\$	\$	\$
Spouse	\$	\$	\$
TOTALS	\$	\$	\$

AVERAGE INCOME _____ (over three months)

ANNUAL INCOME _____ (average x 12)

HOUSEHOLD SIZE _____

Verification
Staff Initials _____

Medical – Applicant provided:

_____ Note from physician stating specific diagnosed medical condition, physician, clearance/approval for exercise and the benefits of a regular exercise program.

Comment: _____

Verification
Staff Initials _____

Commitment to Healthy Lifestyle – CSI Check-in:

Total visits to Galter LifeCenter within the last 12 months _____

I certify that all information provided by me is complete and accurate to the best of my knowledge and that I am aware that my membership will be cancelled after a one year term if I do not reapply. I understand that in order to re-qualify, it is my responsibility to resubmit the financial worksheet, and a medical necessity for, with a diagnosed medical condition prior to the expiration of my membership’s term.

Signature: _____ Date _____

EXPECTED EXPIRATION DATE _____