

**Twin Connection (TC) Scholarship Application Process:**

1. Applicant completes Application form and returns completed form to TC Outreach Coordinator.
2. Application will be discussed at following TC Board meeting upon receipt.
3. Applicant is informed of TC Board decision no later than the next regular TC Board meeting following the decision date.

Twin Connection Scholarship Application		
<i>All information contained on this form will be kept strictly confidential. Only the information necessary to come to a decision on the application will be discussed with the TC Board members.</i>		
Applicant Information		
Name:		
E-mail Address (if any):		Phone:
Current Address:		
City:	State:	ZIP:
Why do you want to join Twin Connection? If current member, why is it important to you and your family to continue your membership with the club?		
Child(ren) Information		
Name:	Date of Birth:	
Name:	Date of Birth:	
Name:	Date of Birth:	
Name:	Date of Birth:	
Name:	Date of Birth:	
Request for Scholarship		
We do not delve into the specifics of an individuals financial situation, we trust that all requests for assistance are based on true need. We ask that you ponder the following questions below.		
1. Are there actions I can take to improve my financial situation without having a negative impact on my family?		
2. How much do I spend in membership fees/dues/supplies for other clubs or hobbies I participate in?		
3. Are there areas in my life that I could adjust my disposal income spending?		
Twin Connection would like to support families of multiples the best way we can. Please take time to consider what areas of support would have the greatest impact for your family. Rank your top choices in order of importance. Requests will be fulfilled based on resources currently available to the club.		
I am requesting		
<input type="checkbox"/> Annual Dues Waiver		
<input type="checkbox"/> Baby Bucks to Spend at Fall Sale		
<input type="checkbox"/> Baby Bucks to Spend at Spring Sale		
<input type="checkbox"/> Baby Items Donated by Members (Please Specify)_____		
<input type="checkbox"/> Diapers and/or Formula (Specify Size and Brand if Needed)_____		
<input type="checkbox"/> Other (Please Specify)_____		

## Twin Connection Scholarship Application

I understand that in order to receive this scholarship, I am responsible for the following:

- o Actively Participating in TC meetings and events throughout the year.
- o Be open to assisting in one of TC positions or events during the year (even an hour or two of volunteer time per year can help the Twin Connection further the mission of the group).
- o To keep the scholarship and the amount I receive confidential.

Additional Explanation/Comments:

### Signature

By signing below, I authorize the TC Outreach Coordinator to discuss the information I have provided on this form solely for the purpose of coming to a decision on this application. I understand that this information will not be shared, discussed, or distributed to anyone who is not a current member of the TC Board. I further understand that the TC Outreach Coordinator will retain this form in a confidential manner. A new form will need to be filled out each year in order to continue to receive support from the Twin Connection.

Signature of Applicant:

Date:

Application received by TC Board	Date:
<input type="radio"/> Application APPROVED	Date:
<input type="radio"/> Application APPROVED WITH CONDITIONS Specify conditions:	Date:
<input type="radio"/> Application DENIED Reason for denial:	Date:
Coordinator informed Applicant of decision: <input type="radio"/> by letter <input type="radio"/> by phone <input type="radio"/> in person	Date:

Thank you for your desire to be a part of Twin Connection! Each scholarship will be carefully considered based on funding available. Priority will be given to families who are active members, first time scholarship applicants, and those serving in leadership positions.

Mail completed application to: Lauren Cron 116 Yank Way, Lakewood, CO, 80228.