



## SASC Scholarship and TVP Application

The Scholarship Program and Transportation Voucher Program (TVP) are in place to assist Saline Area Senior Center (SASC) members. If you are at or under 180% of the National Poverty Guideline, you may qualify for some assistance.

In regards to Scholarships, this can include covering the cost of an annual membership and up to 3 programs throughout the calendar year, with some exceptions such as trips and other programs.

The same also applies to the TVP Program, in which vouchers can be utilized on the People's Express bus system throughout the Saline area. Medical appointments into Ann Arbor also qualify for this program. Vouchers, up to \$5 per round trip, are available to those who are not able to drive and do not own a vehicle. The number of vouchers available per person are varied based on need.

Please complete the application below and the attached detailed financial information. If you are already receiving other types of assistance, please provide copies of that detailed information as well. Items can be returned to Nancy Cowan, Director, SASC, 7190 N. Maple, Saline, MI 48176. Additional questions can be asked at 734.429.9274.

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Birthdate \_\_\_\_\_

Telephone # \_\_\_\_\_ Saline School District Resident Yes  No

Please select the type of assistance you are in need of:

### Scholarship Program for Recreational Activities

- Art / Music Program
- Educational Program
- Fitness Program
- Health Program
- NuStep Program
- Technology Program
- Other specific program \_\_\_\_\_

### TVP Program – transportation for:

- Medical Appointments
- Recreational/Social Programs (bingo, cards, etc.)
- Restaurant
- Volunteering
- Work
- Frequency of need \_\_\_\_\_

Additional Information \_\_\_\_\_

Please complete the attached financial worksheet and return with the application. If you are already receiving other types of assistance, please provide copies of that detailed information as well.

I solemnly swear that the above information is a complete description of my total monthly income. I am aware that if this information is found **not** to be a complete picture of my monthly finances, I may be removed from the Scholarship Program and TVP Program.

\_\_\_\_\_  
Client's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director's Signature

\_\_\_\_\_  
Date

### Office Use Only:

Date Reviewed \_\_\_\_\_

Approved ( )

Denied ( )

Details \_\_\_\_\_