



Scholarship Application



Today's Date: ____ / ____ / ____ (mm/dd/yyyy)

Participant's Name: _____ DOB: ____ / ____ / ____ Gender: M F
(mm/dd/yyyy)

Participant's Address: _____ City: _____ State: ____ Zip: ____

Legal Guardian Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

Legal Guardian Address (if different from above): _____

Legal Guardian Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

Legal Guardian Address (if different from above): _____

Financial assistance is granted on documented financial need and to the extent funds are available. Assistance will be awarded without regard to ethnicity, creed, religion, disability or national origin. All information will be kept confidential. In the chart below please circle the number of persons in your household; circle the applicable income limit listed under that household size. Total yearly income includes all sources of income for all members residing in the home.

Number in household	1 person	2 persons	3 persons	4 persons	5 persons	6 persons	7 persons	8 persons	Co-pay
(1) Equal to or less than	\$29,200	\$33,400	\$37,550	\$41,700	\$45,050	\$48,400	\$51,750	\$55,050	\$5
(2) Equal to or less than	\$45,100	\$51,550	\$58,000	\$64,400	\$69,600	\$74,750	\$79,900	\$85,050	Max 20
(3) Greater than	\$45,100	\$51,550	\$58,000	\$64,400	\$69,600	\$74,750	\$79,900	\$85,050	Min 20

*Co-pay to be determined following review of individual circumstances.

Have you applied for other financial aid this year? Yes No If yes, did you receive it? Yes No

From what agency or source(s)? _____

Explain the reason(s) for requesting this scholarship. Use the reverse side of this sheet if necessary.

Mother's Information:

Name: _____ Social Security # _____

Mother's Address: _____ City: _____ State: ___ Zip: _____

Home Phone: _____ Cell Phone: _____

Email _____

Marital status: Married Single Legally separated Divorced Widow

Mother's Employer: _____ Work Phone: _____

Mother's Address: _____ City: _____ State: ___ Zip: _____

Job title: _____ Length of service _____ Gross annual salary \$ _____

Does your employer match donations? Yes No (If you are unsure, please ask your employer or call Winslow.)

Father's Information:

Name: _____ Social Security # _____

Father's Address: _____ City: _____ State: ___ Zip: _____

Home Phone: _____ Cell Phone: _____

Email _____

Marital status: Married Single Legally separated Divorced Widower

Father's Employer: _____ Work Phone: _____

Father's Address: _____ City: _____ State: ___ Zip: _____

Job title: _____ Length of service _____ Gross annual salary \$ _____

Does your employer match donations? Yes No (If you are unsure, please ask your employer or call Winslow.)

FINANCIAL INFORMATION:**PLEASE FILL OUT COMPLETELY.** If amount is zero please indicate -0-. All monthly expenses must be included.

Monthly Income		Monthly Expenses	
Mother's net earnings		Rent/Mortgage	
Father's net earnings		Car payment	
Unemployment		Other Loans	
Child Support			
Alimony			
Pension/Retirement		Car Insurance	
Social Security		Heating/Gas	
Other _____		Electric	
		Telephone	
TOTAL INCOME		Cell phone	
		Cable/Internet	
Investments		Garbage Collection	
Savings		Credit cards(s)	
CDs		(monthly payment)	
Stocks			
Bonds			
Annuities		Medical expenses	
Other _____			
TOTAL INVESTMENTS		Child care	
		Other _____	
		Other _____	
		Other _____	
		Other _____	
		TOTAL EXPENSES	

Other Dependents:

Dependent's Name: _____ DOB: ____ / ____ / ____
 (mm/dd/yyyy)

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 (mm/dd/yyyy)

Dependent's Name: _____ DOB: ____ / ____ / ____
 (mm/dd/yyyy)

Dependent's Name: _____ DOB: ____ / ____ / ____
 (mm/dd/yyyy)

Certification:

I certify that all information provided is true and that all income is reported. I agree to inform Winslow Therapeutic Center in writing of any changes in marital status or income in the month in which the changes occur. This information will be accompanied by a revised scholarship application.

I understand that I am required to participate in fund raising events at Winslow Therapeutic Center, and that I am required to sell Duck Derby tickets in the spring (minimum 2 books per rider).

I understand that my co-pay is due at time of service, and I agree to notify Winslow if my child cannot attend a session. 24-hour notice is required. I also understand that chronic absences will jeopardize my child's funding.

I am attaching copies of my 2 most recent pay stubs and a copy of my latest federal tax return.

Date: ____ / ____ / ____ Client/Parent/Legal Guardian Name: _____
 (mm/dd/yyyy)

Client/Parent/Legal Guardian Signature: _____

Date: ____ / ____ / ____ Client/Parent/Legal Guardian Name: _____
 (mm/dd/yyyy)

Client/Parent/Legal Guardian Signature: _____

For office use only:

Notes: _____

Application Date of Completion: ____ / ____ / ____

Mother's Pay Stubs: _____ Father's Pay Stubs: _____

Mother's Tax Return: _____ Father's Tax Return: _____