

Financial Aid Application

(please attach this form to your financial information)

Name: _____

Address: _____

Please include:

- Most recent three years' tax returns
- Current Personal Financial Statement (form enclosed)

List all individuals who provide support to the applicant

(include name, address, telephone number)

Mark the program(s) to which you are applying for scholarship funding.

- Day Treatment
- Case Management
- Social Club
- Vocational Services
- Intensive Outpatient Programs

Amount of Scholarship Requested: \$ _____ /month

Does the applicant have insurance coverage?

- Yes No

If yes, list your primary and secondary insurance carriers.

Name: _____

Address: _____

Policy Number: _____

Telephone Number: _____

Contact Name: _____

Name: _____

Address: _____

Policy Number: _____

Telephone Number: _____

Contact Name: _____