

Financial Aid Application

Through the generosity of Skyland Trail friends and donors, we offer a financial aid program to assist clients and families, who meet certain need-based financial criteria, to access the recovery programs and services at Skyland Trail. All applications are reviewed to ensure that there is demonstrated financial need and that there is a sustainable, realistic plan for payment of costs not covered by financial aid. When completing the Personal Financial Statement and submitting tax return forms, it is very important that the information reflected is the information associated with the person(s) responsible for paying for the costs of the program.

Client/Applicant 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

(please include name, address, telephone number)

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

- | | | |
|--|---------------------------------------|--|
| <input type="radio"/> Day Treatment | <input type="radio"/> Residential | <input type="radio"/> LEAP/Social Club |
| <input type="radio"/> Bridges to Opportunity/Vocational Services | <input type="radio"/> Case Management | |
| <input type="radio"/> Intensive Outpatient Programs (Day or Evening) | | |

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: _____

