



APPLICATION FOR SCHOLARSHIP

Any patient of Nature's Edge Therapy Center who believes that their financial situation makes it a hardship to pay the full cost of their treatment (currently \$100 per therapy session) may apply for a scholarship to assist with such cost. Determinations of eligibility will be based solely on the information provided in this application.

Please be thorough and be sure to complete both sides of this form, as incomplete information may delay your application. Submit your completed application, with a copy of your most recent federal income tax return, to Nature's Edge Therapy Center.

Patient's Name: _____
Applicant's Name: _____
Home Address Street: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Work Phone: _____ Cell: _____
Email: _____

Employer's Name and Address: _____

Persons living with you: Spouse _____ Number of children _____ Number of relatives and others _____
Total number of persons living with you: _____

Monthly Income. Please list all monthly income sources and amounts for all the persons in your household indicated above. (Attach another page, if necessary.)

Table with 2 columns: Income Source, Gross Amount (before any withholdings). Rows include multiple income sources and a total gross monthly income row.

YOU MUST INCLUDE A COPY OF YOUR MOST RECENT FEDERAL INCOME TAX RETURN WITH YOUR APPLICATION.

Monthly Expenses. Please list your monthly expenses. (Attach another page, if necessary.)

Table with 4 columns: Expense Category, Amount, Expense Category, Amount. Rows include Rent or house payment, Insurance premiums, Water & sewer, Phone/internet, Food, Auto fuel, Out-of-pocket medical, Other expenses, and Total monthly expenses.

Please answer the following four questions, providing as much detail as possible. Attach additional pages if necessary.

What do you hope to achieve through therapy at Nature's Edge?

How will you team with the therapists at Nature's Edge to accomplish your therapy goals?

Please describe the circumstances that motivate your request for a scholarship.

How much can you afford to pay toward the cost of each therapy session?

I hereby certify that the financial information given by me in this application is true, complete, and correct to the best of my knowledge and belief.

Signature of Applicant

Date