

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 \$175 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 pages 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.

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Other expenses (please specify):	_ *

Please answer the following four questions, providing as much d necessary.	etail as possible. Attach additional pages if
What do you hope to achieve through therapy at Nature's Edge?	
How will you team with the therapists at Nature's Edge to accom	plish 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 best of my knowledge and belief.	application is true, complete, and correct to the
Signature of Applicant	 Date