Light of the Rockies

Scholarship Fund Application

In keeping with its mission and core values, we are committed to providing mental health care for people regardless of their ability to pay. Clients who are unable to pay for all or part of their health care services, may apply for financial assistance by completing and returning this form.

Name: ____

Address: ____

Employment for all adults:____

Gross Annual Household Income (income before deductions and taxes): _________________________

Assets: (Vehicles, Real Estate, Home, Savings, Retirement Account: ______________________________

____

Family size: ____

Additional Information you think will be useful in determining assistance: ________________________

____

Extenuating Circumstances: ____

Where do you fall on the sliding fee scale? ____

What can you afford to pay? ____

I affirm that the above information is true and correct to the best of my knowledge. I understand if the information I give is determined to be false, the result will be denial of financial assistance, and I will be responsible for and expected to pay for services provided.

____   ___________________________

Signature of Person Applying   Date

****Income Source Verification Required****

Please submit with your application copies of the following documents:

☐ 3 months of employment pay stubs

☐ Recent filed tax return for all family members (Please attach a copy of the front page of your last year's tax return unless you are self-employed, then include the Schedule C, as well.)

☐ Please provide proof of any other income source as listed on financial assistance application form

We will notify you of the final determination of eligibility and appeal rights, if applicable, within 3 business days of receiving a complete financial assistance application, including documentation of income.

By submitting a financial assistance application, you give your consent for us to make necessary inquiries to confirm financial obligations and information.

We want to help. Please submit your application promptly!