

Hope Scholarship Application Form

The *Hope Scholarship* has been established to assist those who sincerely desire to walk free of physical and mental hindrances but do not have the financial support or resources required. This application must be filled out honestly and completely to be considered for the scholarship.

PERSON FILLING OUT APPLICATION

Name: _____

Address: _____

Phone #: _____

Email: _____

PERSON TO RECEIVE SERVICES

Name: _____

Address: _____

Phone #: _____

Email: _____

For what illness/condition are you seeking treatment?

How long have you dealt with this situation?

Have you sought treatment before?

If yes, when? _____ where? _____

If no, why not? _____

Are you currently receiving treatment?

If yes, since when? _____ where? _____

Where are you seeking treatment from? _____

Why? _____

What are you willing to do to become healthy?

What other information should we know to consider you for the *Hope Scholarship*?

Financial Information:

Gross Monthly Income \$ _____ # of Dependents: _____
(proof of income may be required)

What are you able to pay? \$ _____

Have you sought financial support from other sources?

If yes, where? _____

If no, why not? _____

Statement of Truth (please print your name and sign where indicated)

I, _____, attest that the information provided is true and accurate to the best of my knowledge.

Signature: _____ Date: _____

The approximate processing time is 5 to 10 days. In some cases, it could be longer. We cannot predict availability of funding. Guidelines of this Scholarship necessitate you alerting us should your financial situation improve.

The Center Foundation
Hope House Ministries
A 501 (3c) Non-Profit Foundation
P O Box 700 ♥ Edmonds WA 98020

206 • 999 • 2417