Stephen A. Orthwein Center Scholarship Application

Paraquad's Stephen A. Orthwein Center is committed to serving individuals regardless of their income. Scholarship assistance is dependent upon available funds. We offer full and half scholarships for the following services:

- Annual Assessment
- General Membership (12 months)

Information provided on scholarship application will be kept confidential.

Last Name   First Name   Middle Initial

Phone Number   Disability/Diagnosis

Address   City

State   Zip   Email

Do you receive SSI/Medicaid?	☐ Yes	☐ No
Do you or your children receive FREE or ASSITED school lunches?	☐ Yes	☐ No
Do you receive food stamps (SNAP, WIC, TANF)?	☐ Yes	☐ No
Annual gross household income from all sources: Total $ _____		
How many members (including yourself) are in your household? _____		
Are you or your spouse currently employed?	☐ Yes	☐ No

     Employer _____   Job Title_____

     Employee's Name _____

Please submit one of the following with all Social Security Numbers and Tax ID numbers marked out:

☐ Current year's Federal Tax Return (Form 1040 pages 1 & 2 only; or 1040EZ)

☐ Copy of last year's W-2

☐ Copy of last 2 paycheck stubs

☐ Letter from your employer stating your annual salary

☐ Social Security or Disability Award Letter

Applications received without the above documentation will be returned unprocessed.

Paraquad will only award as many scholarships as we can support with restricted funds. ***Members must utilize the Stephen A. Orthwein Center at least five times a month to maintain their scholarship.***

I acknowledge the above conditions of eligibility: _____

Initial Here

I certify that the information provided in this application is true and complete to the best of my knowledge. I grant Paraquad's Stephen A. Orthwein Center permission to verify this information and agree to notify Paraquad's Stephen A. Orthwein Center should my financial status change.

_____

Signature   Date of Request

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Office Use Only:

Reviewed By: _____

Award: _____

Comments: _____

Date Member Notified: _____