

# Application for Financial Aid

## Enhance Life Foundation Scholarship Program

4568 South Highland Drive, Suite 180  
Salt Lake City, UT 84117  
Phone (801) 251-0258

Enhance Life Foundation (ELF) appreciates the donations and grants entrusted to it from the community to be able to provide scholarships to enhance the lives of children who need extra help. Please fill out this Application and provide the required documents.

### Child's Information (Must be 17 or under to apply)

Applicant's name \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Gender M F          Diagnosis(es)  
\_\_\_\_\_  
\_\_\_\_\_

### Parent/Guardian Information

1<sup>st</sup> parent/guardian name \_\_\_\_\_ Occupation \_\_\_\_\_

2<sup>nd</sup> parent/guardian name \_\_\_\_\_ Occupation \_\_\_\_\_

Address (if different from above)  
\_\_\_\_\_

### Phone Numbers/Email

Home _____	Work _____
Cell (1 <sup>st</sup> ) _____	Cell (2 <sup>nd</sup> ) _____
Email (1 <sup>st</sup> ) _____	Email (2 <sup>nd</sup> ) _____

### Personal Financial Information

Primary wage earner's name/occupation \_\_\_\_\_ Monthly gross income \_\_\_\_\_

Secondary wage earner's name/occupation \_\_\_\_\_ Monthly gross income \_\_\_\_\_

Household members:    Adults ≥18 \_\_\_\_\_    Children <18 \_\_\_\_\_

### Type of Scholarship

Therapy, equipment or procedure                       Living space adaptation  
 Adaptive equipment     Other \_\_\_\_\_

### Reason(s) for applying for a scholarship

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How did you find out about our scholarship program? \_\_\_\_\_

**Insurance information**

Name & address of insurance provider: (IF MORE THAN ONE policy, please include on separate apage)

Group/Plan # \_\_\_\_\_ Policy # \_\_\_\_\_

Deductible \_\_\_\_\_ Co-pay/Co-insurance \_\_\_\_\_ OOP Max \_\_\_\_\_

Subscriber Name \_\_\_\_\_ SSN \_\_\_\_\_

If you have insurance, your reason for this Application:

- \_\_\_\_ Services and/or diagnosis is not covered
- \_\_\_\_ Benefits are limited to \_\_\_\_\_
- \_\_\_\_ Need assistance with deductible and/or co-pay
- \_\_\_\_ Other (please specify) \_\_\_\_\_

**By my signature below**, I attest that the information in this application is true and complete. I further acknowledge that I am not guaranteed financial aid by submitting this application; a determination will be made after review of my application. Any financial aid granted will be paid directly to the provider, after Enhance Life Foundation has received an invoice from me.

**Parent/Guardian Signature**

\_\_\_\_\_ Date \_\_\_\_\_

**Documents required with this Application**

- Introductory letter to the review committee. Please include a brief history, household financial circumstances (include any significant circumstances such as loss of employment, medical bills, etc.), and any other information pertinent to the committee’s consideration of your Application.
- Your most recent W-2 statement(s)
- Unemployment benefit determination letter or most recent check stub
- Documentation of any other income
- Medical diagnosis or documentation of child’s disability/need for equipment or services

**Submit Application and Documents**

Please submit your application and accompanying documents via fax or postal service to  
Enhance Life Foundation  
4568 South Highland Drive, Suite 180  
Salt Lake City, UT 84117  
Fax: (801) 251-0259

**Volunteer**

I am/We are willing to help ELF by volunteering with the following

\_\_\_\_ Fundraising      \_\_\_\_ Event plan/organize      \_\_\_\_ Construction/building projects

\_\_\_\_ Special projects

\_\_\_\_ Cleaning/setup/takedown