



FINANCIAL AID APPLICATION

Surf and Turf Therapy is committed to bettering lives through alternative and inclusive therapeutic activities. We aim to provide therapy services to all individuals, regardless of financial need. Please complete this application so we can determine your eligibility for receiving scholarship funds available to help with the cost of treatment.

PATIENT (APPLICANT) INFORMATION

_____ Name (last)	_____ (First)	_____ (Middle)	_____ DOB
_____ Address	_____ City	_____ State	_____ Zip Code
_____ E-mail Address	_____ Phone (Cell)	_____ Phone (Home)	

FAMILY INFORMATION

_____ Name of Parent(s) or Legal Guardian	_____ Name of Parent(s) or Legal Guardian		
_____ Address (if different than patient address)	_____ City	_____ State	_____ Zip Code
_____ E-mail Address	_____ Phone (Cell)	_____ Phone (Home)	

Please list names of all dependents living in your household.

Name_____	Relationship_____	DOB_____
Name_____	Relationship_____	DOB_____
Name_____	Relationship_____	DOB_____
Name_____	Relationship_____	DOB_____
Name_____	Relationship_____	DOB_____



INCOME INFORMATION (combined household)

Total for previous tax year

Wages	
Self-Employment	
Social Security (including SSI disability benefits)	
Pension or Retirement Benefits	
Welfare	
Child support	
Unemployment/workers comp	
Housing, food, & living allowances - military, clergy etc.	
Alimony	
Royalties, Partnerships, Estates, Trusts, etc.	
Business, Farm, Rentals	
Any other untaxed income and benefits	

ASSETS INFORMATION

Cash, Savings/checking accounts, loans	
Trust Funds	
Educational savings plan	
Stocks, Bonds, other securities and mutual funds	
Other Real Estate- rental property, land, second home etc.	
Other Investments – ie personal investment/business/partnership	

EXPENSE INFORMATION (Monthly)

Mortgage / Rent	
All additional properties	
Medical Expenses (regular/re-occurring such as therapies)	
Other dependents monthly medical expenses	

ADDITIONAL INFORMATION/SPECIAL CIRCUMSTANCES

Use the following space to answer any questions more completely or to explain any special circumstances. Please be as specific as possible, including dates, dollar amounts and documentation when appropriate.



PROOF OF INCOME

In order to be eligible for financial aid, you are required to submit proof of income/resources:

- Please attach a copy of your most recent tax return
- Please attach a copy of SSI check
- Additional information to verify financial need may be requested

STATEMENTS AND SIGNATURES

- I declare that the information reported on this form is true, correct and complete.
- I agree that, to verify information reported on this form, I will provide an official copy of my U.S. income tax return.
- I further agree to provide, if requested, any other official documentation necessary to verify information reported.

Patient/Applicant signature (if over 18 years)_____

Parent/Guardian Signature_____

Parent/Guardian Signature_____

Date_____

Please submit completed application to:

SURF AND TURF THERAPY
Financial Aid Committee
31441 Avenida De La Vista
San Juan Capistrano CA 92675

via email – Jillian@surfandturftherapy.com