

Application Instructions

Part 1 – PERSONAL INFORMATION

Please provide all current personal information and list the names of each person living in your household, including relationship and date of birth.

Part 2 – EMPLOYMENT INFORMATION

Please provide your most recent employment information and indicate whether or not you are currently employed.

Part 3 – INCOME INFORMATION

Under “Monthly Gross” report all income in your household from the previous month. If you or your spouse had no income through work, please indicate “None”. In the space provided, please report and list separately all additional income received from the following:

- a. Welfare, Child Support, and Alimony
- b. Pensions, Retirement, and Social Security
- c. All Other Income (Unemployment, Supplemental Security Income, VA Benefits, Disability Benefits, and any other income).

Be sure to include any and all documentation to show your income (i.e. W-2's, or IRS Form 1040, or your last paycheck of 2018).

Part 4 – EXPENSES

Please list any extraordinary expenses (if any) that are contributing factors to your need for financial aid.

Part 5 – CONTRIBUTION

We ask that every family contribute a portion of the program fee. Please indicate the amount that you are able to pay in total.

Part 6 – OTHER INFORMATION

Please list any other information that may be helpful to understand your financial need.

FINALLY

The application must be signed and dated, and must be accompanied by the supporting documents. Follow the checklist to verify your submission is complete.

Experiential Ink
Scholarship Program
CONFIDENTIAL FINANCIAL AID APPLICATION

One application per family, supporting documents are required.

Part 1 - PERSONAL INFORMATION

Parent/Guardian 1 _____ Phone () _____
 Street _____ City _____ State _____ Zip _____
 E-Mail Address _____ Do you qualify for free/reduced school lunches? _____
 Parent/Guardian 2 _____ Phone () _____
 Street _____ City _____ State _____ Zip _____
 E-Mail Address _____

Please list all dependents living in your household:

<u>Name:</u>	<u>Relationship:</u>	<u>D.O.B.</u>	<u>Name:</u>	<u>Relationship:</u>	<u>D.O.B.</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Part 2 - EMPLOYMENT INFORMATION

Are you currently employed? [] Yes [] No

Employer _____	Spouse's Employer _____
Occupation _____	Occupation _____
Mo/yrs with employer _____	Mo/yrs with employer _____

Part 3 - INCOME INFORMATION – Please provide a copy of your 2019 W-2 or IRS Form 1040

Monthly Gross \$ _____ Spouse's Monthly Gross \$ _____

Please list additional income (i.e. Child Support, SSI, Alimony, WIC, Food Stamps, Other)

\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____

Part 4 - EXPENSES

In addition to your normal expenses, please list any **extraordinary** expenses you have:

\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____

Part 5 - CONTRIBUTION

Every family must contribute a portion of the program fees.

Therefore, if a scholarship is awarded you may be asked to pay a part of the weekly fees.

Please indicate how much you would be able and willing to contribute toward the program fees? \$ _____

Part 6 - OTHER INFORMATION

Please list any additional information to why you wish to apply for a scholarship.

By signing this scholarship application, I certify that the information on this form is true and complete. I understand that any person who knowingly and with intent files an application containing any false, incomplete or misleading information may have benefits revoked and be held responsible for the fees covered by the scholarship.

Applicant's Name (Printed) _____

Applicant's Signature _____ Date _____

Checklist

Use this checklist to make sure all information you submit is complete.

- _____ Complete and sign this scholarship application (one per family)
- _____ Attached a copy of your 2019 W-2 or IRS Form 1040

Experiential Ink
Attn: Scholarship Program
7480 Briar Lane, Bellaire, MI 49615

Return to _____ or
Attach and email to:
experientialink@gmail.com

Experiential Ink services and programs are designed for the entire community. The EI Scholarship program helps assure an opportunity for all youth, adults and families to participate in EI activities and finances will not be a barrier.

For Office Use Only
Date application was submitted _____ Agency(if appropriate) _____
Amount granted _____ Amount owed _____ Other _____