ANASAZI
FOUNDATION

Dear Parent:

Thank you for requesting information regarding Anasazi scholarships. Scholarships are designed to help families in financial need who would be well served by the program. Scholarships range from $1 to $140 per day. For those with insurance benefits that cover our program: should your insurance company pay more than anticipated, the excess would first be applied to your scholarship.

ANASAZI is a non-profit corporation. Scholarships are provided by generous donors, fundraising events, and any profits made by the corporation.

For scholarship consideration, please complete the enclosed application and financial statement forms, and submit a copy of your most recent tax return. Scholarships will be considered on an individual basis and are reviewed each Tuesday by the Scholarship Committee. Scholarships are good for 30 days after they are issued. Admission must occur during that 30-day period or re-evaluation will be required.

Please submit the completed forms by mail or fax to the Arizona office (see address and FAX number below).

Sincerely,

Jolene Mendonca
Scholarship Coordinator

Please answer the following question with as much detail as possible.

What are your greatest hopes and fears at this time in regards to your relationship with your child and his/her life in general?

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Scholarship Application Form

Applicant's Name: _____ SS#: _____

Child's Name: _____ Age:_____ DOB: _____

Address:_____ City:_____ State:_____ Zip:_____

Applicant's DOB:_____ Marital Status: _____ # of Dependents:_____

Proposed Admission Date: _____

Financial Information:

Total financing required from all sources: $ _____

I am requesting assistance in the amount of: $_____

Financial Sources:

Insurance Company 1: _____ Phone: _____

Benefits Available:_____

Insurance Company 2: _____ Phone: _____

Benefits Available:_____

Other Sources: Family:_____

Loans:_____

Investments:_____

Retirement:_____

Life Insurance Cash Value:_____

Other:_____

Are you currently receiving any financial assistance from your state, church, or family?_____

If YES, how much are you receiving per month? _____

_____

I have read this application thoroughly and certify that to the best of my knowledge all of the information is correct. I understand that funding can be denied if the application is incomplete or if the information is found to be misleading. I further recognize the importance of my personal involvement in the program and commit myself to do whatever may be required of me in order for this to be a successful experience for all those involved.

Applicant's Signature: _____Date:_____

Please attach: 1) A copy of last year's Federal income tax return.
2) A recent photo of your child.

PERSONAL FINANCIAL STATEMENT

Name of Parent or Guardian:	Birth Date: ____ / ___ / _____ Age:		Married ❒ Divorced ❒ Single ❒ Widowed ❒	
Address:	City:	State:	Zip	Phone:
How long at present address?	Homeowner?		Social Security #:	
Employer:	Years:	Phone:	Occupation:	Salary:
Spouse's Employer:	Years:	Phone:	Occupation:	Salary:

ASSETS	**$ VALUE**	**LIABILITIES**	**$ VALUE**
Cash in Bank:		Notes Payable:	
Accounts Receivable:		Accounts Payable:	
Stocks & Bonds:		Taxes Payable:	
Notes Receivable:		Real Estate Indebtedness:	
Life Insurance Cash Surrender Val.		Contracts Payable: (to whom)	
Autos: Year / Make		Other Liabilities:	
Real Estate:		1)	
Other Assets:		2)	
1)		3)	
2)		4)	
TOTAL ASSETS:		TOTAL LIABILITIES:	

MONTHLY INCOME		**MONTHLY EXPENDITURES**	
Salary: (including spouse)		Mortgage / Rent:	
Securities Income:		Income Taxes:	
Rentals:		Insurance Premiums:	
Other: (describe)		Property Taxes:	
1)		Credit Card Payments:	
2)		Child Support:	
3)		Car Payment:	
4)		Other Loan Payments:	
5)		Utilities:	
6)		Estimated Food Expenses:	
7)		Household Expenses:	
8)		Other Miscellaneous:	
9)		1)	
10)		2)	
11)		3)	
TOTAL INCOME:		TOTAL EXPENDITURES:	

The statements made in this application are true and represent a total disclosure of all obligations requested:

Signed:_____ Date:_____