

ANASAZI *foundation*

Thank you for your interest in Anasazi Foundation's scholarship program. Partial scholarships are available to help financially challenged families who would be well served by Anasazi programs and services.

To be considered for a scholarship, please complete the enclosed application and personal financial statement, then submit them with a copy of your most recent tax return. Scholarship requests are reviewed on an individual basis within two business days by Anasazi's scholarship committee. The amount awarded is based on your needs and scholarship funds available.

From time to time, Anasazi may solicit donors (directly and via online requests) on your behalf and subsequently to rebuild its scholarship fund. Such solicitations could use first names, your city/state, and any narrative you provide. Identifying information (i.e., last names and contact information) and confidential financial data will of course never be shared. Your signature on the application serves as your authorization for this use.

Scholarship offers are valid for admission within 30 days of notification. If you obtain insurance reimbursement for Anasazi's services (Anasazi provides a superbill when requested at discharge), funds exceeding your out-of-pocket expenses would first be used to repay your scholarship.

Anasazi Foundation is a 501(c)(3) nonprofit organization. Scholarships are provided via private donations, grants, and annual fundraising events. If your family is approved for a scholarship, we request you write a thank-you letter (upon admission or at discharge) to those who have so generously provided this assistance. We also invite you to consider future donations to Anasazi's scholarship fund if your financial position changes.

You may fax or email your application (with tax information) to 480-892-6701 or admissions@anasazi.org.

Please feel free to call with questions.

Sincerely,



Sean Smith
Executive Director

t h e m a k i n g o f a w a l k i n g

1424 S. STAPLEY DRIVE • MESA, AZ 85204 • 480.892.7403 • ANASAZI.ORG

SCHOLARSHIP APPLICATION FORM

Application is to be completed by person(s) financially responsible for admission.

Applicant's Name: _____ SS#: _____

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

Applicant's DOB: _____ Marital Status: _____ Email: _____

Home Phone: _____ Work Phone: _____ Fax: _____

of Dependents: _____

Name of participant if different than above: _____

Age: _____ DOB: _____

Proposed Admission or Start Date: _____

FINANCIAL INFORMATION

Financial Sources: _____

Other Sources: Family: _____

Loans: _____

Investments: _____

Retirement: _____

Life Insurance Cash Value: _____

Other: _____

Total financing from all sources: \$ _____

I am requesting assistance in the amount of: \$ _____

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 recognize the importance of my personal involvement in the program and commit myself to do whatever may be required for this to be a successful experience for all involved. I further authorize Anasazi to use first names, city/state, and any narrative I provide to solicit scholarship funds. **Note: This application will not be reviewed until tax documents have been received.**

Applicant

Date

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PERSONAL FINANCIAL STATEMENT

Name of Parent or Guardian:		Birth Date: ____ / ____ / ____		Married - Divorced - Single - Widowed	
		Age:			
Address:		City:	State:	Zip:	Phone:
How long at present address?		Homeowner - Yes or No?		Social Security Number:	
Employer:		Years:	Phone:	Occupation:	Salary (Net):
Spouse's Employer:		Years:	Phone:	Occupation:	Salary (Net):
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 Value):		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)			
NET TOTAL INCOME:		TOTAL EXPENDITURES:			

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