



SCHOLARSHIP FORM

Unbridled Change’s scholarship program is supported through private donations, grants, and fundraising efforts. The scholarship program is used to provide scholarships to those clients who are not able to pay the full fee for our therapy and learning services. Please note that our funds are limited and the percentage of scholarships awarded will be based on a sliding scale that relates to the information you provide below (and supporting documentation).

Client’s Name: _____

Number of people in household: _____

	GROSS MONTHLY AMOUNT
<i>Parent/Guardian Income:</i>	
<i>---Name/Occupation:</i>	
<i>---Name/Occupation:</i>	
<i>Client Income(if applicable)</i>	
<i>---Occupation</i>	
<i>Other Income:</i>	
<i>---Public Assistance:</i>	
<i>---Social Security:</i>	
<i>---Child Support/Alimony</i>	
<i>---Unemployment</i>	
<i>---Pension</i>	
<i>---Other:</i>	
TOTAL GROSS MONTHLY INCOME:	

--Please provide a copy of last applicable pay stub from all parties, and other documentation to support the above figures.

The above information is true and accurate to the best of my knowledge:

Signature

Date

The Board of Directors will review your application and you will be notified before the first session as to the amount of scholarship awarded.