



**Friends of Leaps & Bounds Pediatric Therapy Inc.  
Financial Assistance Application**

This application **MUST** be filled out completely. All requested forms and letters must accompany this application.

Applicant's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Daytime Tel: \_\_\_\_\_ Evening Tel: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Have you applied for financial assistance through FOLB before? \_\_\_ yes \_\_\_ no

How have you and your family become involved in the organization to support FOLB's mission?

**If Applicant is Dependent:**

Parent or Guardian Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Daytime Tel: \_\_\_\_\_ Evening Tel: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Number of Persons in Household \_\_\_\_\_ Number of Dependent Children \_\_\_\_\_  
Number of Other Dependents \_\_\_\_\_ Relationship \_\_\_\_\_

Do any other household members (do not include applicant) have special needs?

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_

**Funding Requirements:**

Before submitting this application the following agencies were contacted in seeking funding for the therapies received at Friends of Leaps & Bounds. Please provide a copy of your application.

<b>Agency</b>	<b>Telephone</b>	<b>Contact Phone</b>	<b>Results</b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

One of the best ways you can continue the availability of Friends of Leaps and Bounds Scholarship funds is to become a volunteer at the program or assist with fundraising. Please check below where you can help:

- A program Volunteer
- I can help at special events
- I can help in the office
- I can assist with grant research
- At home tasks

**Please state why you are applying for a Friends of Leaps and Bounds Scholarship. List special circumstances that impact your financial situation. Tell us how the recipient will benefit from the program. *With the large number of scholarship applicants, this question will be given full attention. If you need additional space, please attach a separate sheet.***

## Sources of Information

Please FILL in all sources of income that are received in applicants household.

<u>Amount</u>	<u>Income</u>
\$ _____	Applicant's yearly salary from employment
\$ _____	Other sources of Employment income in household
\$ _____	Applicant's yearly social security benefits
\$ _____	Other yearly social security benefits paid to household members
\$ _____	Total yearly alimony paid to household members
\$ _____	Total yearly child support paid to household members
\$ _____	Other yearly income received by applicant – list sources
\$ _____	Other yearly income received by household – list sources
\$ _____	<b>TOTAL YEARLY HOUSEHOLD INCOME</b>

**Please note:** Please attach most recent W2 forms, last two consecutive pay stubs and other records of money earned to support the total yearly income figure. This information is needed in order to process your application and determine your eligibility for scholarship.

**Applications received without supporting financial documentation will be returned to the applicant.**

<u>Amount</u>	<u>Expenses</u>
\$ _____	Monthly Rent/Mortgage payment
\$ _____	Monthly utility expenses (including cell phone)
\$ _____	Monthly Insurance Coverage Costs
\$ _____	Monthly uninsured health care expenses
\$ _____	Monthly vehicle/loan payments and other related expenses
\$ _____	Monthly general expenses (food, clothing, toiletries)
\$ _____	Other Miscellaneous Expenses (entertainment, recreation, alimony, child support, fuel etc.)
\$ _____	<b>TOTAL MONTHLY EXPENSES</b>

I certify that all the information I have provided to Friends of Leaps and Bounds is true and accurate. Further, I will make application for any assistance that may be available for payment of my charges and will make every effort to obtain such assistance and will assign or pay Friends of Leaps and Bounds Pediatric Therapy Inc. the amount received for charges. I will actively assist Friends of Leaps and Bounds in raising funds for the scholarship program so that all qualifying clients in need may utilize the funds available.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date