



## **ANIMALS AS NATURAL THERAPY**

721 VAN WYCK ROAD ~ BELLINGHAM ~ WA ~ 98226

PHONE: 360-671-3509 [animalsasnaturaltherapy.org](http://animalsasnaturaltherapy.org)

*Thank you for requesting Animals as Natural Therapy's Financial Assistance information.*

We feel grateful for the privilege of working with all the youth who come here. We offer partial scholarships based on a Sliding Fee scale which is based on family size and income. It is our goal to make programs available to people in our community of all income levels. Because we wish to help as many individuals as possible, participants are expected to pay as much as they are able. Partial assistance is awarded on the ability to pay and ANT's available funding. The funding for this assistance comes from donations made by our community, both private and corporate.

In order to be considered for a scholarship, we need you to fill out and **return this form by March 19th.**

Applications **must include proof of income** (last year's tax forms OR last month's pay stubs, award letters from TANF, etc.). Applications submitted without proof of income will be considered incomplete and may jeopardize your opportunity to be considered if not received in time for the Scholarship Committee's review of applications.

These forms ask for **Household Income**, which means we expect you to include the income of all adults who are contributing to the family income. Incomplete information may keep you from receiving full consideration. We work hard to raise funds in our community, and expect openness and honesty from those who apply to receive financial aid.

Our scholarship committee will review all the applications and then determine what scholarships we are able to award for Spring Quarter. This decision is not made lightly and takes into consideration the emotional needs and the resources of the families applying. We will let you know if you will receive a scholarship and the amount by March 29. Monthly payments can be arranged.

We continue to work hard to offer unique learning experiences to children and teens in our community and will be better able to do so with as much help as you are able to offer.

Please return to us by March 19:

- Financial Aid application (including Proof of Incomes)
- Registration Forms
- \$25 deposit

Thank you so much,

Shannon McCune Dickerson, Program Coordinator

Financial Aid application 3 8 2018

## Animals as Natural Therapy Financial Assistance Application

### Personal Information

Potential Participant Name \_\_\_\_\_  
 (Parent/Guardian if participant under 18): \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Telephone Number (s): Primary \_\_\_\_\_ Alternate \_\_\_\_\_

Student Information for applicant (Parent/Guardian if participant under 18)

Are you currently enrolled in school? Yes \_\_\_ No \_\_\_  
 Name of school or program \_\_\_\_\_  
 Full time \_\_\_ Part time \_\_\_ Graduation Date \_\_\_\_\_  
 Are you receiving financial aid? Yes \_\_\_ No \_\_\_

### General

Reason for requesting financial assistance \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Are there extenuating circumstances that we should know about when reviewing your application? \_\_\_\_\_  
 \_\_\_\_\_

Employment Information		
Employer	Position	FT/PT
Length of Employment	Work Phone	Net Monthly Income
Employer	Position	FT/PT
Length of Employment	Work Phone	Net Monthly Income

Partner's Employment Info.		
Employer	Position	FT/PT
Length of Employment	Work Phone	Net Monthly Income
Employer	Position	FT/PT
Length of Employment	Work Phone	Net Monthly Income

**Attached proof of income:** Pay stub, social security or disability letter, child support, TANF, food program, unemployment, etc. Application forms without verified income or benefits will be returned.

If you have “no income” how are you meeting expenses?

Total number of family members:

<b>Income/Expense Worksheet</b>	
<b>HOUSEHOLD Monthly Income</b> (not including your partner’s income makes this incomplete)	<b>Monthly Expenses</b>
Your net monthly income:       \$	Rent/Mortgage/Taxes:       \$
Partner’s net monthly income:   \$	Transportation:               \$
Social Security / Disability:     \$	Utilities:                       \$
Child Support:                       \$	Phone:                           \$
TANF:                                   \$	Food:                             \$
Food Stamps:                         \$	Child Care:                     \$
Unemployment:                     \$	Medical:                         \$
Other:                                 \$	Other:                             \$
<b>TOTAL:</b> <b>\$</b>	<b>TOTAL:</b> <b>\$</b>

I verify that all information submitted is correct, complete, and accurate. If my situation changes, I agree to notify ANT within 30 days. If I submit false or inaccurate information, or fail to notify ANT of changes within 30 days, I may be terminated from the assistance program.

Applicant’s signature \_\_\_\_\_ Date \_\_\_\_\_

**STAFF USE ONLY**

Assistance granted \$ \_\_\_\_\_ (Date) From \_\_\_\_\_ to \_\_\_\_\_

Approved by \_\_\_\_\_ Date \_\_\_\_\_