



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

### **Mission Statement**

Improving mental and behavioral health through animal-guided programs and mentorship with special attention to youth and veterans in Northwest Washington.

### **ANT Financial Assistance Program**

It is our goal to make programs available to people in our community of all socioeconomic levels. If you or your family needs assistance paying program fees, our Sliding Fee Program is available. Because we wish to help as many individuals as possible, participants are expected to pay 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.

### **Eligibility**

Assistance will be granted on the basis of financial need. Any applicant substantiating financial need may apply. Proof of income and family size is required.

### **How To Apply**

A confidential application is attached. Complete the application thoroughly and accurately and attach all required documents. Return the completed application to Animals as Natural Therapy. The application will be reviewed and may take up to two weeks, depending on the number of requests received and the availability of funds. When assistance is approved, you will be notified by a staff member.



ANIMALS AS NATURAL THERAPY

P.O. Box 31595 BELLINGHAM, WA 98228

Animalsasnaturaltherapy.org

360-671-3509

## Animals as Natural Therapy Financial Assistance Application

### Personal Information

Applicant Name

(Parent/Guardian name if participant under 18): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email: \_\_\_\_\_

Telephone Number (s): Primary \_\_\_\_\_ Alternate \_\_\_\_\_

Student Information for **applicant** (Only applies to guardian if participant under 18)

Are you currently enrolled in school? Yes \_\_\_ No \_\_\_

Name of school \_\_\_\_\_

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? \_\_\_\_\_

What amount are you comfortably able to pay per session? \_\_\_\_\_

Are you reapplying to continue scholarship assistance? Y\_ N\_

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



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Spouse'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:

Income/Expense Worksheet			
Monthly Income		Monthly Expenses	
Your net monthly income:	\$	Rent/Mortgage/Taxes:	\$
Spouse'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>



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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. I understand that if I do not pay my balance at the end of sessions I will be terminated from the assistance program.

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_

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**STAFF USE ONLY**

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

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