

FINANCIAL AID REQUEST FORM

SHAKE-A-LEG, INC. – "Confidence Is Cool" Recreational Camps

Shake-A-Leg financial awards and scholarships are based primarily on demonstrated financial need given out on a first come first serve basis. Our scholarship funding is limited; please understand this process is necessary to ensure a fair distribution of awards. Completing this application does not guarantee you a scholarship award.

Name: _____

Address: _____

Phone: _____ SS#: _____

Program for which you are requesting funds:

____ Confidence Is Cool Kid's Camp

____ Confidence is Cool Teen Camp

Amount requested for assistance: \$ _____

Your Current Financial Condition: (If you do not support yourself please answer the following about the person(s) that do support you, i.e. parents, guardians, etc)

Cash on Hand: Cash \$ _____ Checking \$ _____ Savings* \$ _____

*Savings includes trust funds, stocks, bonds and investments

Estimated Income for 2010:

Employment \$ _____

Support from family/friends \$ _____

Private Insurance Payments \$ _____

Social Security Insurance \$ _____

Medicaid Insurance \$ _____

Disability Benefits (SSI, SSDI, Veteran) \$ _____

Other: settlements, awards, etc. \$ _____

Total expected income: \$ _____

If you are not working please indicate how you secure your finances and provide any documentation you have to support this.

Estimated Worth of Assets (home, vehicles etc.), please include a list of items \$ _____

Estimated Monthly Expenses: \$ _____

Medical bills \$ _____

Housing Costs \$ _____

Loan payments (specify type of loan) \$ _____

Other (please specify and use additional paper if necessary) \$ _____

By my signature I attest that the information provided herein is, to the best of my knowledge, true and accurate.

Signed _____ Date _____

On a SEPARATE PIECE OF PAPER please explain your need and circumstances.

SHAKE-A-LEG, INC. FINANCIAL AID/ SCHOLARSHIP WAIVER

As a 501 c 3 non-profit charitable organization, Shake-A-Leg, Inc. must report to a board of directors that holds this organization and its staff directly responsible for its continuation and improvement.

In efforts to continually improve and expand our programs we must continually evaluate and study our programs.

As part of giving back to Shake-A-Leg, Inc. we ask all our participants to fill out valuations at the end of the programs and sometimes participate in studies.

As a scholarship recipient, it is a requirement to fulfill this obligation.

As a recipient of a scholarship award, I, the undersigned agree to fully participate and cooperate with Shake-A-Leg, Inc. in all program evaluations and studies pertaining to my participation in the Shake-A-Leg, Inc. programs.

Print or Type Name _____

Signed _____ Date _____

As a participant in the Shake-A-Leg, Inc. programs, I understand there are certain policies and rules that I must follow. I understand and agree that should I violate these policies and rules and be asked to leave the Shake-A-Leg program, I will lose my scholarship and be responsible for paying for any services rendered by Shake-A-Leg.

Print or Type Name _____

Signed _____ Date _____