

ANASAZI *foundation*

FAX: 480-892-6701 • **E-MAIL:** admissions@anasazi.org

Thank you for requesting information regarding ANASAZI Foundation's scholarship program. Partial scholarships are designed to help families in financial need who would be well served by the programs and services offered by ANASAZI.

To be considered for a scholarship, complete and submit the enclosed application and statement of financial position. In addition, **please include a copy of your most recent tax return**. Scholarship requests are reviewed on an individual basis within two business days by the Scholarship Committee.

Scholarships expire 30 days after they are issued. For those with insurance benefits, should your insurance company pay more than anticipated, the excess would first be applied to your scholarship.

ANASAZI Foundation is a non-profit 501(c)(3) corporation. Scholarships are provided by private donations and annual fundraising events. If your family is approved for a partial scholarship, we request **you write a general letter of thanks to those who have so generously provided this assistance**. We also invite you to consider donating to ANASAZI's scholarship fund in the future if your financial position changes.

You may fax or email your application (with tax information) to 480-892-6701 or admissions@anasazi.org.

If you have any questions, please feel free to call us.

Sincerely,

Sean Smith
Executive Director

t h e m a k i n g o f a w a l k i n g

1424 S. STAPLEY DRIVE • MESA, AZ 85204 • 480.892.7403 • ANASAZI.ORG

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SCHOLARSHIP APPLICATION FORM

Application is to be completed by person(s) financially responsible for admission.

Applicant's Name: _____ SS#: _____
Address: _____ City: _____ State: ____ Zip: _____
Applicant's DOB: _____ Marital Status: _____ Email: _____
Home Phone: _____ Work Phone: _____ Fax: _____
of Dependents: _____
Child's Name: _____ Age: ____ DOB: _____
Proposed Admission Date: _____

Financial Information:

Financial Sources:

Insurance Company 1: _____ Phone: _____

Benefits Available: _____

Insurance Company 2: _____ Phone: _____

Benefits Available: _____

Other Sources: Family: _____

Loans: _____

Investments: _____

Retirement: _____

Life Insurance Cash Value: _____

Other: _____

Total financing from all sources: \$ _____

I am requesting assistance in the amount of: \$ _____

Please note, Partial Scholarships are currently available in amounts from \$100 - \$8,000.

Are you currently receiving any financial assistance from your state, church, or family? _____
If YES, how much are you receiving per month? _____

I have read this application thoroughly and certify that to the best of my knowledge all of the information is correct. I understand that funding can be denied if the application is incomplete or if the information is found to be misleading. I further recognize the importance of my personal involvement in the program and commit myself to do whatever may be required of me in order for this to be a successful experience for all those involved.

Applicant

Date

Please attach a copy of last year's federal income tax return.

PERSONAL FINANCIAL STATEMENT

Name of Parent or Guardian:	Birth Date: ____ / ____ / ____ Age:	Married <input type="checkbox"/>	Divorced <input type="checkbox"/>	Single <input type="checkbox"/>	Widowed <input type="checkbox"/>
Address:	City:	State:	Zip	Phone:	
How long at present address?	Homeowner?		Social Security #:		
Employer:	Years:	Phone:	Occupation:	Salary (Net):	
Spouse's Employer:	Years:	Phone:	Occupation:	Salary (Net):	
ASSETS	\$ VALUE	LIABILITIES		\$ VALUE	
Cash in Bank:		Notes Payable:			
Accounts Receivable:		Accounts Payable:			
Stocks & Bonds:		Taxes Payable:			
Notes Receivable:		Real Estate Indebtedness:			
Life Insurance Cash Surrender Val.		Contracts Payable: (to whom)			
Autos: Year / Make		Other Liabilities:			
Real Estate:		1)			
Other Assets:		2)			
1)		3)			
2)		4)			
TOTAL ASSETS:		TOTAL LIABILITIES:			
MONTHLY INCOME					
Salary: (including spouse)			Mortgage / Rent:		
Securities Income:			Income Taxes:		
Rentals:			Insurance Premiums:		
Other: (describe)			Property Taxes:		
1)			Credit Card Payments:		
2)			Child Support:		
3)			Car Payment:		
4)			Other Loan Payments:		
5)			Utilities:		
6)			Estimated Food Expenses:		
7)			Household Expenses:		
8)			Other Miscellaneous:		
9)			1)		
10)			2)		
11)			3)		
NET TOTAL INCOME:			TOTAL EXPENDITURES:		

The statements made in this application are true and represent a total disclosure of all obligations requested:

Applicant _____

Date _____

