

**The Respite**  
*A Centre for Grief & Hope*

**Application for Scholarship**

We understand that there are times in our lives when financial obstacles keep us from getting the help we need. We are committed to providing services for all, regardless of economic status. We ask that you please fill out all the details concerning your current income and expenses sources truthfully and accurately so that we can provide services to all who need them. This information will be kept confidential.

*Please print clearly*

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Employer: \_\_\_\_\_ Job title: \_\_\_\_\_

If Unemployed please state last day worked: \_\_\_\_\_

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

City/State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Tel no: \_\_\_\_\_

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

**Which of our services interest you: (check all that apply)**

Workshops \_\_\_ Classes\_\_\_ Retreats\_\_\_ Counseling\_\_\_ Yoga\_\_\_ Massage\_\_\_ Healing Arts\_\_\_ Personal Training\_\_\_

**Information of household:**

Your Gender: \_\_\_\_\_

Date of birth: \_\_\_\_\_

**Details of dependent family members:**

Name	Gender	Date of birth	Relationship with applicant	Occupation/Student
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

## Financial Information

### Current income sources:

Monthly wage income: \$ \_\_\_\_\_

Social Security: \$ \_\_\_\_\_

Investment income: \$ \_\_\_\_\_

Property income: \$ \_\_\_\_\_

Other income: \$ \_\_\_\_\_

**Total:** \$ \_\_\_\_\_

### Expenses:

Food: \$ \_\_\_\_\_

Housing: \$ \_\_\_\_\_  
(rent/mortgage/regime fee)

Utilities & Services: \$ \_\_\_\_\_  
(electric, gas, water, cable, phone)

Transportation: \$ \_\_\_\_\_  
(gas, bus, etc.)

Medical: \$ \_\_\_\_\_

Loans or credit cards: \$ \_\_\_\_\_

Insurance premium(s): \$ \_\_\_\_\_  
(health, car, house, life ins.)

**Total:** \$ \_\_\_\_\_

**Total Income** \$ \_\_\_\_\_ **minus (-) Total Expenses** \$ \_\_\_\_\_ = \$ \_\_\_\_\_

I assure that all the information provided by me in this form is true and correct. \_\_\_\_\_

Signature of applicant \_\_\_\_\_ Date: \_\_\_\_\_

Please return this form by mail or fax to The Respite, 4919 Monroe Rd., Charlotte, NC 28205; Fax: 704-536-3508