This Whole Life Foundation Scholarship Application

Full Name: _____ **Date of Birth:** _____ **Age:** _____ **Gender:** ____ **M** ____ **F** ____ **Other Phone:** _____ **Email:** _____

Address: _____ **Areas of Concern/reason for needing services:**

_____

Average Annual Household Income: _____ **Average Monthly Bills/Expenses:** _____

Average income for previous tax year: _____

*(**Please note you must provide a W2 or paycheck stub to prove income amount)*

Are you Any of the following? (If so, please check)

___ Ministry Worker
___ EMS/EMT Worker
___ Healthcare Worker
___ Teacher
___ Nurse/Nurses Aid
___ Therapist/Counselor
___ Survivor of Human Trafficking
___ Homeless or Unsheltered
___ Non Profit Worker/Leader

Services you wish to receive: (please check all that apply)

___ Mental Health Counseling/Therapy
___ Wellness Retreats
___ Nutritional Therapy
___ Gut Health Coaching
___ Gut Health Stool Sample Test
___ Healing Intensives
___ Other: _____

Please answer the following questions:

1. Insurance Type (write n/a if you have none), insurance ID number, and group number (if applicable): _____
2. Do you currently have transportation to and from work/appointments? _____ Yes _____ No
3. Do you currently have children or other dependents? _____ Yes ___ No If so, how many? ___
4. Are you committed to receiving treatment, and pursuing your health/wellness ___ Yes ___ No
5. If you were referred to a specific provider, have you tried finding another provider in town who can accept your insurance and offers the same niche or therapeutic work? ___ Yes ___ No

I certify that all information written above is accurate to the best of my knowledge, and I agree to come forth with any additional information regarding my health care coverage/income as it arises. I also understand that just because an application is submitted to receive these services, does not make me an automatic beneficiary of these funds. I understand that I will be contacted within one week (upon receipt of application) to be made aware of amount of scholarship funds awarded. I also understand that scholarship funds are not endless, and may not always be available. Should this be the case I understand I will be placed on a waitlist to continue further services once funds are received to allow the continuation of those services.

Print Name: _____ Date: _____

Signature: _____