

MS Achievement Center Scholarship Application

We are glad you are a part of the MS Achievement Center and hope you find value in the services we provide. Our program is provided to members at a cost well below the market value through fundraising events, grants and individual donors. We work hard to be good stewards of each dollar we receive.

Please read this page prior to submitting the attached application and **keep this page for your records** – only submitting the following pages.

Commitment

Experience has shown us when individuals are financially committed to our program they are more successful. Therefore we do not provide full scholarships to anyone. Every member must make a financial commitment to the program. The amount of that commitment can be adjusted based on current individual circumstances.

We also value non-financial contributions you can make to the success of the MSAC. We understand time and energy are finite resources, but believe there are ways to support our program with your talents, experience, expertise and connections. We encourage members to give back to the MSAC as they are able.

Scholarships are provided on an annual basis as funding allows. Applications must be renewed annually. All information provided will be kept confidential. Only a small committee including the Executive Director and administrative staff will review the information provided. Decisions are not shared with the therapists or other members of the program.

Acceptance into the program

Acceptance in the program is based on your intake assessment and appropriateness of our program for your situation. Your scholarship application has no bearing on your acceptance or continued participation. All other policies and guidelines remain regardless of scholarship status.

Details are crucial

We consider numerous factors when making decisions regarding the allocation of scholarship funding. We strongly encourage you to provide as much detail as possible and answer all questions to assist us in understanding your needs. If information is omitted, our scholarship committee may not truly understand your need for funding. Feel free to attach additional pages if needed.

MS Achievement Center Scholarship Application

Member Information

Name _____ Program Day _____

Form Completed by _____ Relationship to member _____

E-mail Address _____

May we email you information about this application? _____ Yes _____ No

Member Cell Phone # _____ Home Phone # _____

May we leave a detailed message about this application on your voicemail or with another household member? _____ Yes _____ No

Household Information

Single Married Divorced Separated

Total # of Persons Living in Household: # of Adults: _____ # of Children: _____

Financial Information

Please provide your adjusted gross income. We trust each applicant's input thus do not require that you provide your previous year's IRS return or other proof of income.

Adjusted Gross Household Income _____ (This may be found on line #37 on Form 1040, line #4 on Form 1040EZ or line #21 on Form 1040A)

Income Sources:

- | | |
|--|--|
| <input type="checkbox"/> Employment (self) | <input type="checkbox"/> Private Disability Insurance |
| <input type="checkbox"/> Employment (household member) | <input type="checkbox"/> Business Income (including rental property) |
| <input type="checkbox"/> SSI | <input type="checkbox"/> Other (e.g. alimony, family support) _____ |
| <input type="checkbox"/> SSDI | |
| <input type="checkbox"/> Drawn from Retirement Funds | |
| <input type="checkbox"/> VA Benefits | |

Total Resources Available \$ _____ (i.e. Cash, Checking, Savings, and Assets. Do not include home equity or retirement plan funds (like IRA or 401K) not currently being drawn out)

We have the following debt:

Type (<i>i.e. mortgage, credit cards, medical bills, student loans, etc.</i>)	Amount	Is this a monthly payment or balance due?	
	\$	Monthly	Balance
	\$	Monthly	Balance
	\$	Monthly	Balance
	\$	Monthly	Balance
	\$	Monthly	Balance
	\$	Monthly	Balance
	\$	Monthly	Balance

We understand that living with MS impacts an individual's ability to work and leads to extensive medical bills. Please share with us any other circumstances impacting your current financial situation that led you to request assistance at this time. (Continue on other side if necessary, i.e. change in health status, family circumstances, etc.)

In addition to seeking this scholarship:

- I have sought funding through other sources
- I do not plan to request funds from any other source.

Nature of Request

We do not provide full scholarships. Every member of the program must make a financial commitment to the program either through membership fees or paid transportation.

Do you pay for transportation to the center? No Yes \$_____/week

Have you secured funding **from other sources?** \$ _____

List these other resources and amount received
from each (i.e. family, NMSS, etc):

Monthly Program Fee is \$ 80.00

Considering the program fee and your
transportation fees, how much can you pay per month?

(Do not include funds secured from other sources.) \$ _____

Volunteer Engagement

We feel volunteering is an opportunity for all of our members to give back to the organization. Additionally, we understand the complex nature of MS and how it can impact one's ability to be involved. We understand and honor those circumstances. Such involvement is just one factor when considering scholarship allocations.

- I (or family member) have already volunteered by: _____
- I plan to volunteer in the following role: _____
- I am willing to help with: _____
- I share about MSAC with others who may be interested
- I can donate to the auction
- I leverage my connections to benefit the MSAC program
- I follow MSAC on Facebook and share information
- I (or my family) have attended these past events: _____

The above information is complete and true to the best of my knowledge.

Signature of Applicant

Date

Additional documentation or information may be requested to determine how to best address this request.