

Dear Program Participant, Family Member, and/or Care Giver:

Enclosed please find the Request for Scholarship form that you requested. If you would like to apply for a scholarship based upon total *household* monthly income, please complete Section A, and sign the form. If you feel that you would be unable to pay your tuition based upon financial hardship due to unusual and excessive expenses, please complete Sections A and B and sign the form. Section C must be completed in order to receive scholarship funds.

Section A Instructions

The *household size* shall be determined by counting all individuals who reside in the household; those individuals who usually share in the purchase and preparation of family meals. They may or may not be related.

Combined gross monthly income shall be computed by adding the earned and unearned income for all household members. This includes wages, commissions, interest, rental income, disability payments, social security payments, SSI payments, retirement payments, etc.

Section B Instructions

Unusual and excessive household expenses may include:

- Monthly medical expenses not eligible for payment by Medicaid or insurance coverage.
- Child care necessary for a parent to attend work or school program.
- Special equipment needed by disabled family members.
- Other unusual and extraordinary expenses that are hardships

Section C Instructions

Provide information on why your candidate will benefit from the scholarship

- Candidate profile
- Recommendation letter

Where more than one program participant resides in the household and receives dance instruction, the first participant shall pay the full tuition and all other program participants in the household receiving dance instruction shall pay one half (½) of the tuition.

Please return your completed form to Sheila Dollas soon as possible or mail to Moving Miracles 954 Union Rd, Suite #1, West Seneca, NY 14224. After your completed form is received, it will be reviewed, and you will be notified by mail of your eligibility or non-eligibility for a scholarship.

If you have any questions or need assistance completing the Request for Scholarship form, please contact Sheila Dollas, at (716) 656-1321 or sdollas@sasinc.org

Name of Individual: _____
Print Name

SECTION A – Total Household Monthly Income Exemption

I am requesting an exemption for tuition based upon our combined total household gross monthly income.

HOUSEHOLD SIZE _____

SOURCE OF INCOME

MONTHLY HOUSE INCOME

- | | |
|--|-------|
| a. paid wages (all individuals) | _____ |
| b. interest/dividend income | _____ |
| c. disability payments | _____ |
| d. social security benefits | _____ |
| e. SSI payments | _____ |
| f. retirement benefits | _____ |
| g. net rental income | _____ |
| h. alimony/child support payments received | _____ |
| i. veteran's benefits | _____ |
| j. military pay | _____ |
| k. self employment income | _____ |
| l. other income (specify) | _____ |

TOTAL HOUSEHOLD GROSS MONTHLY INCOME _____

SECTION B – Financial Hardship Exemption

I am not eligible for an exemption based upon total household monthly income but still feel unable to pay the tuition due to the following **unusual and excessive** household expenses:

EXPENSE ITEM

MONTHLY AMOUNT

_____	_____
_____	_____
_____	_____

SECTION C- BENEFIT TO CANDIDATE

Candidate's Profile: Please tell us about your candidate and what you would like them to gain from this experience.

RECOMMENDATION LETTER: Provide a recommendation letter from a professional working with the candidate (Social worker, case manager, teacher, therapist, etc.) They should explain how this program would benefit the individual. Please attach the letter to this form.

I certify that the above income information is correct and complete.

Completed by: _____ Address: _____
Date: _____

It is the responsibility of the household to notify the program immediately upon any changes in the financial status of the household that may affect eligibility for a scholarship. Scholarships will be reviewed annually.