



FAR

THERAPEUTIC ARTS
AND RECREATION

FAR Therapeutic Arts and Recreation Scholarship Application

Note: This information is kept strictly confidential; the process is anonymous.

Applicant's Name: _____ Date of Birth: _____

Phone: _____ Email: _____

Address: _____ City: _____ Zip: _____

- Does the applicant live with parents? If yes, how many people reside in the home? _____
- Annual Household Income: _____
- Are there any family members in college? If so, how many? _____
- Is this a first-time scholarship? Yes ☐ No ☐
- Is the applicant attending FAR at the present? Yes ☐ No ☐
- Has the applicant ever attended FAR? Yes ☐ No ☐
- Can the applicant be claimed as a dependent? Yes ☐ No ☐
- Does the applicant receive SSI? Yes ☐ No ☐ If yes, monthly amount _____
- Is the applicant benefiting from an ABLE account or special needs trust? Yes ☐ No ☐
If yes, balance? \$ _____
- Parent/Guardian Occupation(s) _____
- If approved, I will help with FAR's general fundraising efforts in any way I am able (please initial here) _____

*If there are excessive family obligations or hardships (medical expenses, recent divorce, siblings with special needs, etc.) please attach a letter of explanation. **Please do not include any personal information in this letter.***

Please check off the program(s) for which you are requesting support - limit of two per semester. You are limited to one camp scholarship which will count as one of your two therapies for summer. Note: Scholarship availability and criteria are subject to change from semester to semester depending on the availability of funding.

- | | | |
|---|---|--|
| <input type="checkbox"/> Private Art Therapy | <input type="checkbox"/> Private Dance/Movement Therapy | <input type="checkbox"/> Group Music Therapy |
| <input type="checkbox"/> Private Music Therapy | | <input type="checkbox"/> Bowling |
| <input type="checkbox"/> Private Recreation Therapy | <input type="checkbox"/> Group Therapy/Activity | <input type="checkbox"/> Camp |

Please supply one of the following documents, in addition to the applicant's Social Security Benefit Statement:

1. Form 1040A page 1 or Form 1040A page 1 and 2 with Schedule C if self-employed
2. Current Michigan Income Tax Return Form MI 1040 Page 1 and 2 or Homestead Property Credit

If the applicant lives independently, the SSI Benefit Statement is sufficient.

Signature: _____ Date: _____

Please return to the FAR office in person or by fax or mail

FAR Therapeutic Arts and Recreation

1669 W. Maple Rd., Birmingham, MI 48009 • Phone: 248.646.3347 • Fax: 248.646.4480