



## FAR Therapeutic Arts and Recreation Scholarship Application 2025-2026

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

**PLEASE SUPPLY ONE OF THE FOLLOWING DOCUMENTS, APPLICATIONS WITHOUT ATTACHED DOCUMENTS CANNOT BE CONSIDERED.**

**IN ADDITION TO THE APPLICANT'S SOCIAL SECURITY BENEFIT STATEMENT:**

IF THE APPLICANT LIVES INDEPENDENTLY, THE SSI BENEFIT STATEMENT IS SUFFICIENT.

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
3. IF THERE ARE EXCESSIVE FAMILY OBLIGATIONS OR HARDSHIPS (MEDICAL EXPENSES, DIVORCE, SIBLINGS WITH SPECIAL NEEDS, ETC.) PLEASE ATTACH A LETTER OF EXPLANATION. PLEASE DO NOT INCLUDE ANY PERSONAL INFORMATION IN THIS LETTER.

APPLICANT'S NAME:	DATE OF BIRTH:	
PHONE:	EMAIL:	
ADDRESS:	CITY:	ZIP:

PARENT/GUARDIAN OCCUPATION(S)	
ANNUAL HOUSEHOLD INCOME:	
DOES THE APPLICANT LIVE WITH PARENTS? IF YES, HOW MANY PEOPLE RESIDE IN THE HOME?	
ARE THERE ANY FAMILY MEMBERS IN COLLEGE? IF SO, HOW MANY?	
<ul style="list-style-type: none"><li>• CAN THE APPLICANT BE CLAIMED AS A DEPENDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO</li><li>• DOES THE APPLICANT RECEIVE SSI? <input type="checkbox"/> YES <input type="checkbox"/> NO - IF YES, MONTHLY AMOUNT: \$ _____</li><li>• IS THE APPLICANT BENEFITING FROM AN ABLE ACCOUNT OR SPECIAL NEEDS TRUST? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, BALANCE? \$ _____</li><li>• IF APPROVED, I WILL HELP WITH FAR'S GENERAL FUNDRAISING EFFORTS IN ANY WAY I AM ABLE (<b>PLEASE INITIAL HERE</b>) _____</li></ul>	

<b>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.</b>		
<input type="checkbox"/> PRIVATE ART THERAPY	<input type="checkbox"/> PRIVATE DANCE/MOVEMENT THERAPY	<input type="checkbox"/> CAMP
<input type="checkbox"/> PRIVATE MUSIC THERAPY	<input type="checkbox"/> GROUP THERAPY/ACTIVITY	<input type="checkbox"/> BOWLING
<input type="checkbox"/> PRIVATE RECREATION THERAPY	<input type="checkbox"/> GROUP MUSIC THERAPY	<input type="checkbox"/> OTHER

Have you attached supporting documents?	YES NO	Initial	Date:
Signature:		Date:	

**PLEASE RETURN TO THE FAR OFFICE IN PERSON OR BY FAX OR MAIL**

FAR THERAPEUTIC ARTS AND RECREATION

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