FAR Therapeutic Arts and Recreation
Scholarship Application 2026-2027

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?

- 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? $_____
- IF APPROVED, I WILL HELP WITH FAR'S GENERAL FUNDRAISING EFFORTS IN ANY WAY I AM ABLE **(PLEASE INITIAL HERE)**_____

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.

☐ PRIVATE ART THERAPY	☐ PRIVATE DANCE/MOVEMENT THERAPY	☐ CAMP
☐ PRIVATE MUSIC THERAPY	☐ GROUP THERAPY/ACTIVITY	☐ BOWLING
☐ PRIVATE RECREATION THERAPY	☐ GROUP MUSIC THERAPY	☐ **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
1669 W. MAPLE RD., BIRMINGHAM, MI 48009 • PHONE: 248.646.3347 • FAX: 248.646.4480