



# FAR

THERAPEUTIC ARTS  
AND RECREATION

## FAR Therapeutic Arts and Recreation Scholarship Application 2019-2020

*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"/> Group Therapy/Activity | <input type="checkbox"/> Camp FAR Out 2019  |
| <input type="checkbox"/> Private Music Therapy      | <input type="checkbox"/> Group Music Therapy    | <input type="checkbox"/> Camp Sing Out 2019 |
| <input type="checkbox"/> Private Recreation Therapy | <input type="checkbox"/> Bowling                | <input type="checkbox"/> FAR Explorers 2019 |
| <input type="checkbox"/> Private Dance Therapy      |   |   |

**YOU MUST ATTACH AT LEAST ONE OF THE FOLLOWING FINANCIAL DOCUMENTS:**

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

**Your current tax form MUST be attached or the application will not be considered.  
 If no taxes were filed, please call the office for instructions.**

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