



Name(s) of participant(s) covered by this application:

Scholarship Application

Eagle Mount’s policy is not to turn anyone away because of an inability to pay. For those who qualify, a scholarship is available to cover that **portion** of program fees the applicant is unable to pay. Scholarships are intended for those who are severely financially challenged, have no means of income or support, are wards of the state, and/or have no support through an organization, school or foster family. Each scholarship application is reviewed on an individual basis.

This application should be completed by the person responsible for payment of Eagle Mount fees, whether that is you, a parent, or a third party. Your information will be kept in strict confidence. Completion of this form does not guarantee a scholarship. You will receive a letter of determination after we have reviewed your application. Thank you!

TO BE COMPLETED BY PARTY RESPONSIBLE FOR PAYMENT:

YOUR NAME: _____ Date of Birth: _____

ADDRESS: _____ Phone: _____

YOUR PLACE OF EMPLOYMENT: _____ [Full-time / Part-time]

How many people live in your home? _____

Does anyone in your household claim you as a dependent? ___ Yes ___ No

How many are your dependents? _____

Who is considered the “Head of Household” in your home? _____

Have you ever applied for Medicaid? (Y or N) _____ if yes, were you accepted? (YorN) _____

Which of the following categories and annual income levels most accurately describe your household?

<input type="radio"/> 1 Person Family	<input type="radio"/> 2 Person Family	<input type="radio"/> 3 Person Family	<input type="radio"/> 4 Person Family	<input type="radio"/> 5 Person Family
↑ 14,950 & Under	↑ 17,100 & Under	↑ 19,250 & Under	↑ 21,350 & Under	↑ 23,100 & Under
↑ 14,951 – 24,900	↑ 17,101 – 28,450	↑ 19,251 – 32,000	↑ 21,351 – 35,550	↑ 23,101 – 38,400
↑ 24,901 – 39,850	↑ 28,451 – 45,550	↑ 32,001 – 51,250	↑ 35,551 – 56,900	↑ 38,401 – 61,500
↑ 39,851 & Up	↑ 45,551 & Up	↑ 51,251 & Up	↑ 56,901 & Up	↑ 61,501 & Up

<input type="radio"/> 6 Person Family	<input type="radio"/> 7 Person Family	<input type="radio"/> 8 Person Family
↑ 24,800 & Under	↑ 26,500 & Under	↑ 28,200 & Up
↑ 24,801 – 41,250	↑ 26,501 – 44,100	↑ 28,201 – 46,950
↑ 41,251 – 66,050	↑ 41,101 – 70,600	↑ 46,951 – 75,150
↑ 66,051 & Up	↑ 70,601 & UP	↑ 75,151 & Up

What are the total fees for the programs your participant is registered for? \$ _____

What is the amount you are requesting as a scholarship? \$ _____

Please tell us of any extenuating circumstances you would like us to consider: _____

Responsible Party Signature: _____

Date: _____