

FINANCIAL AID APPLICATION

Please fill out for both the **Sliding Scale Plan** and for the **Connecting HEARTS Scholarship**

Client Name: _____ Date: _____

Parent/Guarantor Name: _____

Number of family members in household: _____

Project PATCH’s sliding fee scale depends on your income and expenses as well as the amount of funding available at the time you apply. Please answer the following:

1. Considering your family needs and that Project PATCH staff at the ranch live on a sacrificial salary, how much do you believe you can pay each month towards tuition? _____

2. Have you considered and do you have other resources that may be willing to help pay for monthly tuition? Have you considered asking for financial help from friends, family or a church?

3. Are you willing and able to forgo retirement plan savings, child savings, college savings and / or other donations while your child is at Project PATCH? If yes, please list.

4. Is there anything else you would like Project PATCH know about your finances?

Please include most recent Income Tax Returns, recent paystubs and any other proof of income such as unemployment documentation or child support orders.

Signature: _____

Date: _____