

## **Application Instructions**

### **Part 1 – PERSONAL INFORMATION**

Please provide all current personal information and list the names of each person living in your household, including relationship and date of birth.

### **Part 2 – EMPLOYMENT INFORMATION**

Please provide your most recent employment information and indicate whether or not you are currently employed.

### **Part 3 – INCOME INFORMATION**

Under “Monthly Gross” report all income in your household from the previous month. If you or your spouse had no income through work, please indicate “None”. In the space provided, please report and list separately all additional income received from the following:

- a. Welfare, Child Support, and Alimony
- b. Pensions, Retirement, and Social Security
- c. All Other Income (Unemployment, Supplemental Security Income, VA Benefits, disability benefits, and any other income).

Be sure to include any and all documentation to show your income (i.e. W-2's, or IRS Form 1040, or your last paycheck stub of 2022).

### **Part 4 – EXPENSES**

Please list any extraordinary expenses (if any) that are contributing factors to your need for financial aid.

### **Part 5 – CONTRIBUTION**

We ask that every family contribute a portion of the program fee. Please indicate the amount that you are able to pay in total.

### **Part 6 – OTHER INFORMATION**

Please list any other information that may be helpful to understand your financial need.

### **FINALLY**

The application must be signed and dated, and must be accompanied by the supporting documents. Follow the checklist to verify your submission is complete.

**Experiential Ink**  
**Scholarship Program**  
**CONFIDENTIAL FINANCIAL AID APPLICATION**

*One application per family, supporting documents are required.*

**Part 1 - PERSONAL INFORMATION**

Parent/Guardian 1 \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
 Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 E-Mail Address \_\_\_\_\_ Do you qualify for free/reduced school lunches? \_\_\_\_\_  
 Parent/Guardian 2 \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
 Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 E-Mail Address \_\_\_\_\_

Please list all dependents living in your household:

<u>Name:</u>	<u>Relationship:</u>	<u>D.O.B.:</u>	<u>Name:</u>	<u>Relationship:</u>	<u>D.O.B.:</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**Part 2 - EMPLOYMENT INFORMATION**

Are you currently employed? [ ] Yes [ ] No

Employer _____	Spouse's Employer _____
Occupation _____	Occupation _____
Mo/yrs with employer _____	Mo/yrs with employer _____

**Part 3 - INCOME INFORMATION** – Please provide a copy of your 2022 W-2 or IRS Form

**1040** Monthly Gross \$ \_\_\_\_\_ Spouse's Monthly Gross \$ \_\_\_\_\_

Please list additional income (i.e. Child Support, SSI, Alimony, WIC, Food Stamps, Other)

\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____

**Part 4 - EXPENSES**

In addition to your normal expenses, please list any **extraordinary** expenses you have:

\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____

**Part 5 - CONTRIBUTION**

*Every family must contribute a portion of the program fees.*

*Therefore, if a scholarship is awarded you may be asked to pay a part of the fees. Please indicate how much you would be able and willing to contribute toward the program fees?*

\$ \_\_\_\_\_

**Part 6 - OTHER INFORMATION**

Please list any additional information to why you wish to apply for a scholarship.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**By signing this scholarship application, I certify that the information on this form is true and complete. I understand that any person who knowingly and with intent files an application containing any false, incomplete or misleading information may have benefits revoked and be held responsible for the fees covered by the scholarship.**

Applicant's Name (Printed) \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Checklist**

Use this checklist to make sure all information you submit is complete.

- \_\_\_\_\_ Complete and sign this scholarship application (one per family)
- \_\_\_\_\_ Attached a copy of your 2022 W-2 or IRS Form 1040

Experiential Ink  
Attn: Scholarship Program  
7480 Briar Lane, Bellaire, MI 49615

Return to or  
Attach and email to:  
david@experientialink.org

Experiential Ink services and programs are designed for the entire community. The EI Scholarship program helps assure an opportunity for all youth, adults and families to participate in EI activities and finances will not be a barrier.

**For Office Use Only**  
Date application was submitted \_\_\_\_\_ Agency(if appropriate) \_\_\_\_\_  
Amount granted \_\_\_\_\_ Amount owed \_\_\_\_\_ Other \_\_\_\_\_