

# LIFE Experience Scholarship

## APPLICATION for Florida Developmental Disability Council's FINANCIAL ASSISTANCE CHECKLIST

In order to apply for financial assistance from the OCT Residential Program, please make sure that *all* applicable documentation is attached to this application before submitting it for processing. If any of the items do not apply to your situation, indicate this by writing N/A (not applicable) next to that item on the checklist and use the "Comments" section below to clarify non-applicable information.

*If the required documentation is not included, your application will be returned.*

Completed **Application for Financial Assistance**

Most Recent Federal Income Tax return or W-2 Statements

Comments:

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# LIFE Experience

## APPLICATION for Florida Developmental Disabilities Council's FINANCIAL ASSISTANCE

In order to determine eligibility for financial assistance, the following information is required:

Date: \_\_\_\_\_ Session for Financial Assistance: \_\_\_\_\_

**Participant's Full Name:** \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_

**Father/Step-father's Name:** \_\_\_\_\_

Address \_\_\_\_\_

Mailing address if different \_\_\_\_\_

Phone (Home) \_\_\_\_\_ Phone (Cell) \_\_\_\_\_ Phone (Work) \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_

Occupation \_\_\_\_\_ Length of employment \_\_\_\_\_

**Mother/Step-mother's Name:** \_\_\_\_\_

Address \_\_\_\_\_

Mailing address if different \_\_\_\_\_

Phone (Home) \_\_\_\_\_ Phone (Cell) \_\_\_\_\_ Phone (Work) \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_

Occupation \_\_\_\_\_ Length of employment \_\_\_\_\_

**Total number of members living in the household:** \_\_\_\_\_

**Children's Names:**

\_\_\_\_\_ Age \_\_\_\_\_ \_\_\_\_\_ Age \_\_\_\_\_

\_\_\_\_\_ Age \_\_\_\_\_ \_\_\_\_\_ Age \_\_\_\_\_

\_\_\_\_\_ Age \_\_\_\_\_      \_\_\_\_\_ Age \_\_\_\_\_

**Annual Household Income** \$ \_\_\_\_\_

**Monthly Income** \$ \_\_\_\_\_

**Sources of Income**

Wages \$ \_\_\_\_\_      SSI \$ \_\_\_\_\_      Alimony \$ \_\_\_\_\_  
Child Support \$ \_\_\_\_\_      Unemployment \$ \_\_\_\_\_      Food Stamps \$ \_\_\_\_\_

**Financial Commitments:**

Housing: Renting (Circle One) Yes / No

Monthly Payment \$ \_\_\_\_\_

Mortgage (Circle One) Yes / No

Monthly Payment \$ \_\_\_\_\_

Automobile: Year \_\_\_\_\_

Make \_\_\_\_\_

Monthly Payment \$ \_\_\_\_\_

Balance Due \$ \_\_\_\_\_

Automobile: Year \_\_\_\_\_

Make \_\_\_\_\_

Monthly Payment \$ \_\_\_\_\_

Balance Due \$ \_\_\_\_\_

**Credit Cards**

\_\_\_\_\_ \$ \_\_\_\_\_  
Debtor      Monthly Payment

\_\_\_\_\_ \$ \_\_\_\_\_  
Debtor      Monthly Payment

\_\_\_\_\_ \$ \_\_\_\_\_  
Debtor      Monthly Payment

**Other Financial Commitments**

\_\_\_\_\_ \$ \_\_\_\_\_  
Debtor      Monthly Payment

\_\_\_\_\_ \$ \_\_\_\_\_  
Debtor      Monthly Payment

**Application cannot be processed until all documentation is received. Documentation must include previous year's tax information, current pay stubs, and information about other sources of income.**

I certify that, to the best of my knowledge and belief, the information furnished above is complete and accurate. I understand that the information furnished may be verified at the discretion of the OCT Residential Program.

\_\_\_\_\_  
**Signed (Responsible Party)**

\_\_\_\_\_  
**Date**

**LIFE Experience Use Only**

Household Income \_\_\_\_\_

Number in Household \_\_\_\_\_

Approved for \_\_\_\_\_

Date \_\_\_\_\_

LIFE Experience Director \_\_\_\_\_