



SOAR CAMP SCHOLARSHIP APPLICATION

12201 W 88TH St., Lenexa, KS 66215

Phone: 816-782-7627

E-mail: bethw@SOARSpecialNeeds.org

Name: _____ Date: _____

Address: _____

Telephone: _____ E-mail: _____

Spouse/Partner Name if applicable: _____

Names & Ages of Children: _____

Name, Age, Diagnosis of SOAR Camper: _____

Name, Age, Diagnosis of SOAR Camper: _____

SOAR Camp Location: _____

Have you contacted any other outside agencies for assistance? Have you asked any friends/family for help? If yes, who did you contact? _____

Brief Summary of Current Financial Need (use back if necessary): _____

References (Please provide names and phone numbers for people, **other than family**, or organizations who can verify your need):

1. _____ 2. _____



MONTHLY NET INCOME	
Self:	\$
Spouse:	\$
Other _____:	\$
Other _____:	\$
<i>Total per Month</i>	\$



MONTHLY EXPENDITURES	
Tithe	\$
Savings/401K	\$
Rent/Mortgage	\$
Electricity	\$
Gas (home)	\$
Water	\$
Mobile/Home Phone	\$
Cable/Internet	\$
Clothing	\$
Food (excluding Food Stamps)	\$
Medical Premiums/Dental Premiums/Out of Pocket Expenses	\$
Car Note(s)	\$
Fuel (Car)	\$
Auto Insurance & Repairs	\$
Credit Accounts	\$
Child Care	\$
School Expenses	\$
Entertainment Expenses (eating out, recreational activities, kids' sports, movies,)	\$
Student Loan/Other Installment Debt	\$
Vacation/Gifts/Christmas	\$
Misc. _____	\$
Misc. _____	\$
<i>Total Monthly Expense</i>	\$
<i>Difference of Net Income & Expenditures</i>	\$



PAST DUE EXPENSES	
	\$
	\$
	\$
	\$
	\$
<i>Total Amount Past Due</i>	\$



I certify that the information I have provided above is true and correct. I consent to the release of pertinent information contained in the spaces above to concerned social agencies and vendors as necessary to complete services to my household, or to provide statistics on emergency assistance, or as a guard against duplication of assistance. I hereby authorize my vendors related to my household to release information concerning my accounts as necessary to insure timely processing of this application.

_____ Date _____
Applicant's Signature

Please Note: This process can take up to a week depending on circumstances. You will be contacted by SOAR after the SOAR Team has made their recommendation.