



**SOAR CAMP SCHOLARSHIP APPLICATION**

12201 W 88<sup>TH</sup> St., Lenexa, KS 66215

Phone: 816-782-7627

E-mail: info@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): \_\_\_\_\_

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

1. \_\_\_\_\_

2. \_\_\_\_\_



<b>MONTHLY NET INCOME</b>	
Self:	\$
Spouse:	\$
Other _____:	\$
Other _____:	\$
<i>Total per Month</i>	\$
<b>MONTHLY EXPENDITURES</b>	
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 &amp; Expenditures</i>	\$
<b>PAST DUE EXPENSES</b>	
	\$
	\$
	\$
	\$
	\$
<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.

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

\_\_\_\_\_  
Date

**Please Note:** SOAR is only able to provide partial scholarships up to 50%. The application review process can take up to a week depending on circumstances. You will be contacted by SOAR after the SOAR Team has made their recommendation.