



Financial Hardship Scholarship Application  
(Incomplete applications will not be considered)

***All information will be kept confidential.***

Applicant Name: \_\_\_\_\_

Advocate/Parent/Guardian Name: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone(s): Day: \_\_\_\_\_ Evening: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

1. Is the applicant legally competent? YES \_\_\_\_\_ NO \_\_\_\_\_

If NO, has a guardianship been established? YES \_\_\_\_\_ NO \_\_\_\_\_

Guardian Name: \_\_\_\_\_

2. Has the applicant applied for services from the Agency for Persons with Disabilities?  
YES \_\_\_\_\_ NO \_\_\_\_\_

3. Has the applicant applied for services from the Division of Vocational Rehabilitation?  
YES \_\_\_\_\_ NO \_\_\_\_\_

4. Briefly describe what services are desired (use back of application if needed):

5. Briefly describe why the scholarship is needed (use back of application if needed):



6. Is there a trust to help support the applicant? YES \_\_\_\_\_ NO \_\_\_\_\_

7. Does the applicant receive SSA, SSI, SSDI, Rail Road Retirement, Trust Fund or any other source of disability income? YES \_\_\_\_\_ NO \_\_\_\_\_  
(Please circle those categories that apply above)

7.a Total disability income per month: \$ \_\_\_\_\_

7.b Representative Payee's Name: \_\_\_\_\_

8. What is the total household income per month? \$ \_\_\_\_\_  
(Excluding disability income above)

8.a Please attach copies of the most recent IRS Tax return(s) for the household.

8.b Please explain any recent change in household income on back of application.

9. How many individuals live in the household? \_\_\_\_\_

10. Will the applicant/family be able to provide match (financially and/or volunteer time) in accordance with the guidelines? YES \_\_\_\_\_ NO \_\_\_\_\_

11. Is the applicant a resident of Florida? YES \_\_\_\_\_ NO \_\_\_\_\_  
(Florida Residency is required for scholarship)

12. Are you a member of The Arc? YES \_\_\_\_\_ NO \_\_\_\_\_  
(If scholarship is awarded - a \$25 annual membership is required. If you are not currently a member, please submit the attached membership application)

13. Is there any additional information that you believe the committee needs to know to make a good decision? Please write on the back of this application.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Advocate/Parent/Guardian: \_\_\_\_\_

***Incomplete applications can not be considered.***

Return to: The Arc Nature Coast  
5283 Neff Lake Road  
Brooksville, FL 34601 Ph. (352) 544-2322 Fax: (352) 544-2325