



Dear Parents:

Thank you for requesting information regarding ANASAZI Foundation's scholarship program. Partial scholarships are designed to help families in financial need who would be well served by the programs and services offered by ANASAZI.

To be considered for a scholarship, complete and submit the enclosed application and statement of financial position. In addition, **please include a copy of your most recent tax return**. Scholarships are considered on an individual basis and are reviewed within two business days of receiving the application by the Scholarship Committee.

Scholarships expire 30 days after they are issued. For those with insurance benefits, should your insurance company pay more than anticipated, the excess would first be applied to your scholarship.

ANASAZI Foundation is a non-profit 501(c)3 corporation. Scholarships are provided by private donations and annual fundraising events. If your family is approved for a partial scholarship, we encourage you to write a general letter of thanks to those who have so generously provided this assistance. We also invite you to consider donating to ANASAZI's scholarship fund in the future if your financial position changes.

If you have any questions, please feel free to call us.

Sincerely,

Ezekiel Sanchez  
Founder

**t h e m a k i n g o f a w a l k i n g**



**SCHOLARSHIP APPLICATION FORM**

*Application is to be completed by person(s) financially responsible for admission.*

Applicant's Name: \_\_\_\_\_ SS#: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Applicant's DOB: \_\_\_\_\_ Marital Status: \_\_\_\_\_ Email: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
# of Dependents: \_\_\_\_\_  
Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_  
Proposed Admission Date: \_\_\_\_\_

**Financial Information:**

**Financial Sources:**

Insurance Company 1: \_\_\_\_\_ Phone: \_\_\_\_\_

Benefits Available: \_\_\_\_\_

Insurance Company 2: \_\_\_\_\_ Phone: \_\_\_\_\_

Benefits Available: \_\_\_\_\_

Other Sources: Family: \_\_\_\_\_

Loans: \_\_\_\_\_

Investments: \_\_\_\_\_

Retirement: \_\_\_\_\_

Life Insurance Cash Value: \_\_\_\_\_

Other: \_\_\_\_\_

Total financing from all sources: \$ \_\_\_\_\_

I am requesting assistance in the amount of: \$ \_\_\_\_\_

Please note, Partial Scholarships are currently available in amounts from \$100 - \$5,500.

Are you currently receiving any financial assistance from your state, church, or family? \_\_\_\_\_

If YES, how much are you receiving per month? \_\_\_\_\_

I have read this application thoroughly and certify that to the best of my knowledge all of the information is correct. I understand that funding can be denied if the application is incomplete or if the information is found to be misleading. I further recognize the importance of my personal involvement in the program and commit myself to do whatever may be required of me in order for this to be a successful experience for all those involved.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

**Please attach a copy of last year's federal income tax return.**

## PERSONAL FINANCIAL STATEMENT

Name of Parent or Guardian:	Birth Date: ____ / ____ / ____ Age: _____	Married <input type="checkbox"/>	Divorced <input type="checkbox"/>	Single <input type="checkbox"/>	Widowed <input type="checkbox"/>
Address:	City: _____	State: _____	Zip: _____	Phone: _____	
How long at present address?	Homeowner? _____		Social Security #: _____		
Employer:	Years: _____	Phone: _____	Occupation: _____	Salary (Net): _____	
Spouse's Employer:	Years: _____	Phone: _____	Occupation: _____	Salary (Net): _____	
<b>ASSETS</b>	<b>\$ VALUE</b>	<b>LIABILITIES</b>		<b>\$ VALUE</b>	
Cash in Bank:		Notes Payable:			
Accounts Receivable:		Accounts Payable:			
Stocks & Bonds:		Taxes Payable:			
Notes Receivable:		Real Estate Indebtedness:			
Life Insurance Cash Surrender Val.		Contracts Payable: (to whom)			
Autos:    Year / Make		Other Liabilities:			
Real Estate:		1)			
Other Assets:		2)			
1)		3)			
2)		4)			
TOTAL ASSETS:		TOTAL LIABILITIES:			
<b>MONTHLY INCOME</b>					
Salary: (including spouse)		<b>MONTHLY EXPENDITURES</b>			
Securities Income:		Mortgage / Rent:			
Rentals:		Income Taxes:			
Other: (describe)		Insurance Premiums:			
1)		Property Taxes:			
2)		Credit Card Payments:			
3)		Child Support:			
4)		Car Payment:			
5)		Other Loan Payments:			
6)		Utilities:			
7)		Estimated Food Expenses:			
8)		Household Expenses:			
9)		Other Miscellaneous:			
10)		1)			
11)		2)			
11)		3)			
NET TOTAL INCOME:		TOTAL EXPENDITURES:			

The statements made in this application are true and represent a total disclosure of all obligations requested:

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

