



## Financial Assistance Application

A maximum of six (6) months scholarship will be considered per application. Renewals can be submitted for subsequent six-month period(s). The applicant can request full or partial coverage. Rock Steady Boxing Tetons reserves the right to cancel scholarships for any one not consistently participating in the program (unless due to a valid reason (e.g., medical, personal, etc.)).

**Name of participant:** \_\_\_\_\_ **Date Submitted:** \_\_\_\_\_

1. Individual completing application if different than participant:
2. Total amount being requested in scholarship: 25%, 50%, 75%
3. Are you employed? Or is the person in charge of household finances employed:
4. # of people in household?:
5. % of household income related to long-term medical expenses:
6. Please list any financial assistance currently being received: (SSI, Medicaid, unemployment, disability, aid for dependent children, etc)
7. How will the requested scholarship help the participant?
8. Please describe any additional information that should be considered when reviewing this application?