



All Individuals First, Inc.

Sliding Fee Scale: Form

Date: _____

Applicant Information

Full Name: _____ DOB: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Guardian(s)'s Name: _____

Guardian(s)'s Phone: _____

Household Members:

Name	Date of Birth

NOTE: To comply with federal regulations, in order to give you a discount on our services, it is necessary for us to ask some personal questions. Your answers will be kept on file and in strict confidence. You must verify your income yearly. Please bring in yearly income tax return, copy of your W-2 form, last month's paycheck stubs, copies of social security checks or other checks you may receive as proof of family income. Only the family size and annual income will be used to determine your eligibility and calculate your discount.

Household Income			
Name	Amount	Frequency (Circle one)	Source
	\$	Weekly Monthly Yearly	
	\$	Weekly Monthly Yearly	
	\$	Weekly Monthly Yearly	
	\$	Weekly Monthly Yearly	
	\$	Weekly Monthly Yearly	
	\$	Weekly Monthly Yearly	
Total	\$		

Sliding Fee Scale:
 A – 80% Discount B – 60% Discount C – 40% Discount D – 20% Discount E – 0% Discount
 11/1/2019



Scholarship Application

Date: _____

Applicant Information

Full Name: _____ DOB: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Phone: _____ Email _____

Have you previously applied for a Scholarship? () Yes () No If yes, when? _____

Are you currently on the DD Waiver Wait list? () Yes () No If no, would you like help to apply? _____

Are you currently employed? () Yes () No If yes, Full Time () Part Time ()

Are you currently enrolled in school? () Yes () No If no, when did you graduate? _____

Guardian(s)'s Name: _____

Guardian(s)'s Phone number: _____

Household Information

Please list the first name, last name, relationship, gender and date of birth of all persons living in your household.

Name _____ Relationship _____ Gender _____ DOB _____

Name _____ Relationship _____ Gender _____ DOB _____

Name _____ Relationship _____ Gender _____ DOB _____

Name _____ Relationship _____ Gender _____ DOB _____

Name _____ Relationship _____ Gender _____ DOB _____

Name _____ Relationship _____ Gender _____ DOB _____

Attendance Information

How often do you wish to attend All Individuals First, Inc.? Circle the days. Write the times.

M T W TH

For office use only!
Date Received: _____
Approved: () Yes () No
Total Hours Approved: _____
11/1/2019