Application Form for Healing Agents Scholarships

2016-2017 Fiscal Year

PLEASE NOTE: This application is to be used if you are applying for financial support while you are undergoing cancer treatments. Must be 18 years or older to apply. Benefits may be for anyone with a cancer diagnosis.

General Instructions to Applicant

1. Make a copy of the blank application form and complete.
2. Return a typed or neatly printed application to our office (45 West Los Angeles Ave. Moorpark, CA 93021) or email to HealingAgents@gmail.com This application is the first impression you will make upon those who award scholarships.
3. **Check with the scholarship provider concerning additional requirements.** Certain scholarships require additional information such as written essays, or specific financial and medical documents.

1. Personal Information

Full name of applicant____Nickname__________________

Home telephone number______________________________Email address______________________________

Present home address____

City______________________________State____________Zip___________________________________

Number of years lived in Ventura County _____________________________Citizenship_________________

Date of birth _____________________ Social Security Number ____________________________________

2. Family Information

Mother's name ___________________________ Father's name _______________________________

Occupation ______________________________ Occupation __________________________________

Street address ___________________________ Street address _______________________________

City,ST,Zip _____________________________ City,ST,Zip _________________________________

Phone number ____________________________ Phone number ______________________________

Name and ages of siblings/other dependents. Indicate what school(s) they attend.

Name	Relationship	Age	At home/ Out of the Home

3. Financial Support

a. What is the primary financial need you have at this time?

b. Do you have other family members helping you?

c. What other needs do you need? (ie. Transportation, meals, basic home bills)

d. What other organizations have you contacted for support? Did they help?

e. What other medical benefits do you have? Insurance, PPO, HMO, Medi-cal?

4. List scholarships, grants or loans for which you have applied, and check the ones you plan to use. Indicate funding amount you will receive.

Name	Amount	Plan to use

5. Employment History

List jobs you have held in the last three years.

Employer	Dates	Hours per week	Position	Salary

Employment continued: Do you have disability benefits?

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6. Your Expected Cost of Treatment:

Please provide the following information for each doctor or treatment that you need.

Treatments	*Doctor 1*__________	*Doctor 2*______	*Doctor 3*______	*Doctor 4* ______
Chemotherapy				
Radiation				
Vitamin IV's				
Nutritional				
Other therapies				
Surgery				
Scholarship money available?				
Total Annual Cost				

7. Financial Need Summary

Complete this section regarding Estimated Combined Net Income of you, your parent(s) or guardian(s) for the current year. Please attach a copy of your and/or your parent's most recent Federal Income Tax statement to the back of this application form.

Name of person **Income and year** **Total annual income**

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c. Describe any special circumstances such as disabilities, loss of wages etc. that may affect your ability to pay for your treatment. Use additional pages if necessary.

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8. **Written Statement:** Please attach a statement of your concerns and your needs that our organization may be able to help you address. We have a wide network of referrals and resources that might be of service to you. Our funding is limited but we still would like to serve you in other ways.____

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I do state the above information is accurate to the best of my knowledge.

Signature of Applicant____

Date____

NOTE: This scholarship application form **must be submitted to the scholarship provider** **God Strong Foundation, Inc. DBA Healing Agents 45 West Los Angeles Ave., Moorpark, CA 93021.** HealingAgents@gmail.com **for questions.**