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|  | **House of Hope I****Men’s Program**1429 3rd Ave.Mankato, MN 56001 | **House of Hope II****Women’s Program**1614 3rd Ave.Mankato, MN 56001 | **House of Hope III****Fairmont Program**1100 Indus StreetFairmont, MN 56031 |

 **HOUSE OF HOPE SCHOLARSHIP FUND APPLICATION (PLEASE PRINT**)

Name:

Birthdate:

Phone:

Address:

Email:

Do you have health insurance?

Health insurance company's name:

Type of health insurance:

Health insurance ID number:

Health insurance group number:

Health insurance company's phone number:

Marital Status:

Name/ phone # of Significant other:

Children (list names & ages,)

Mother's name and contact number:

Mother's address

Father's name and contact number:

Father's address:

Current counselor’s name (for residential clients only)

How did you hear about the House of Hope Scholarship Fund?

Why should we consider you for a scholarship? What are your financial circumstances?

If you are not eligible for a scholarship, what are your alternative plans:

Are there any foreseeable complications or issues that may prevent you from completing the treatment recommendations if you are awarded a Scholarship?

Do you have any special circumstances that we should consider?

 **Requirement for Accepted Participants**

1. Following all recommendations made of your Residential / Non-Residential Treatment Program counselor, completion of treatment plan and aftercare plan.

Because funding is limited and the funds provided to scholarship an individual participant reduce the House of Hope’s ability to help other willing and committed applicants, we ask that you exhaust all other resources including family, friends, church and community resources. The House of Hope will also enforce the following:

If the Participant voluntarily leaves treatment or is asked to leave by the House of Hope or fails to complete any of the requirements for Participation, the Participant will be billed for the full amount of tuition paid by the House of Hope Scholarship Fund. The amount collected will be used to provide scholarships to other qualified applicants.

I have read, understand, and agreed to the requirements of being an accepted Participant of the House of Hope Scholarship Fund and have received a copy of this application

Name: (Please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: (Signature): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Staff Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_