



Scholarship Application

INSTRUCTIONS: This PDF file requires Adobe Acrobat Reader to work properly. If you don't have this program, please download the latest version.

NOTE: You can't save your entries typed into this form and complete a digital signature unless you follow the instructions below!

PLEASE DOWNLOAD and SAVE the form before starting to fill it out. (The form must be saved to your computer to be able to upload it in the secure portal.). Once completed and digitally signed (the form will walk you through completing a digital signature if you don't already have one), please visit our secure upload page <<https://bethesdaworkshops.org/upload-forms/>> to provide paperwork to the Bethesda Workshops team.

Scholarship Application

Please note that completing the scholarship form or being notified that you've received a potential scholarship DOES NOT REGISTER you for a workshop. All workshops frequently fill up several weeks in advance. Be sure to take responsibility for officially registering, including paying the non-refundable deposit, as soon as possible. Simply talking with someone in the Bethesda Workshops office about a scholarship (including being notified that you potentially qualify) does not register you for a Healing Workshop.

The *non-refundable* workshop deposit must be paid when you register. **Scholarship funds cannot be used for any part of the deposit.** Paying the deposit is your investment in the workshop – your taking ownership for this process.

The maximum scholarship value is \$750.00 and most who are awarded scholarships have a family income of \$45,000 or less.

Workshop Type:

- Healing for Men
- Healing for Women
- Healing for Partners
- Healing for Couples

Date of your workshop: _____

Have you already registered for your workshop? ___ Yes ___ No

How do you intend to pay the workshop deposit? (Please select one)

___ Savings

___ Credit card

___ Loan

___ Other _____

First Name: _____ Last Name: _____

I prefer to be called by: _____

Mailing Address: _____ City / State / Zip: _____

Preferred Phone: ___ ___ ___ Cell ___ Home ___ Work ___

Do you give Bethesda Workshops permission to leave a message? ___ Yes ___ No

Alternative Phone: ___ ___ ___ Cell ___ Home ___ Work ___

Preferred Email Address: _____

Birthdate _____ Occupation _____

Employer _____

Type of employment: ___ Full time ___ Part time

What is your financial need? Why are you applying for a scholarship?

What is your household's **gross annual** income? _____

How many people are being supported on that income? _____

If there are children, please list their ages: _____

Do you live with a family member other than your spouse (e.g., parent, grandparent)?

___ Yes ___ No

If so, who? _____

Do you have a roommate? ___ Yes ___ No

If unemployed, did you lose your job because of your addiction? ____ Yes ____ No

Have you ever filed for bankruptcy? ____ Yes ____ No If so, what year? _____

What factors contributed to your bankruptcy? _____

If you don't have any household income, how do you intend to make monthly payments on a Bethesda Workshops payment plan? _____

If you can't make payments, do you have someone who will co-sign for your payments?

____ Yes ____ No

What is your relationship with that person? ____ Family member ____ Friend ____ Church

____ Other _____

What is your **monthly** total for...

Housing (mortgage/rent): \$ _____

Food: \$ _____

Utilities: \$ _____

Medical: \$ _____

Loans (car, house, school): \$ _____

Credit card debt: \$ _____

Other: _____ \$ _____

Other: _____ \$ _____

When do you anticipate being in a better financial position? _____

What is your intention about contributing to the scholarship fund when you're in a better financial position?

Why do you want to attend a workshop? What do you hope to gain?

How did you hear about Bethesda Workshops?

Therapist Friend in Recovery Former Participant Pastor Web Search
 Bethesda Workshops Leader Other _____

Additional Comments:

Participant Signature: _____

Application Date: _____