



SCHOLARSHIP APPLICATION

United Families understands the struggles of having to pay for supervised visitation. The Federal Access and Visitation Grant has been awarded to United Families with funds to award Private Pay families scholarships to help pay for visitation costs. United Families is dedicated to bringing families together and providing them with a safe and fun environment during their visitation.

Supervised visitation costs are \$37.00 per hour of supervised visitation. United Families offers scholarships based on a sliding fee scale which is based upon the visiting parent's income. Clients may apply for a scholarship based on their household income through this application. Families whose income does not appear on the sliding fee scale do not qualify for a scholarship. Scholarships will only be considered once all required income verification documentation has been received.

A Client must bring a proof of:

1. Proof of Identification using one of the following: Driver's License; US citizenship or legal alien status, birth certificate, voter's registration, US passport, Alien Registration Card (I-551) or I-94 or other original immigration document authorizing employment
2. Age, must be at least 18 years old
3. Proof of Address using one of the following: Driver's License, State ID, current gas, electrical, telephone bill.
4. Proof of Income for all that apply:
 - Most recent pay stub or
 - Unemployment claimant letter and most recent unemployment pay stub or
 - Income tax return for previous year if your monthly income varies from month to month
 - Disability benefits statement or
 - Veterans benefits statement or
 - Child support benefit statement

If a Client qualifies and receives a scholarship, the Client is required to pay the remaining costs for the any services not covered by the scholarship. If the Client fails to make timely payments, the scholarship will be revoked.

SCHOLARSHIP APPLICATION

FIRST NAME: _____ LAST NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: _____ EMAIL: _____

DATE OF BIRTH: _____ SOCIAL SECURITY: _____

OCCUPATION: _____

EMPLOYER: _____ EMPLOYER PHONE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

HOUSE HOLD SIZE INFORMATION:

Household Members:

Name Age Gross Monthly Income*

Name Age Gross Monthly Income*

Name Age Gross Monthly Income*

Name Age Gross Monthly Income*

Name Age Gross Monthly Income*

Name Age Gross Monthly Income*

Name Age Gross Monthly Income*

*Proof of Income will need to be provided for all members of the household who receive income see #4

CLIENT REFERRAL SOURCE (please check all that apply):

- Self
- Court
- Child Support Agency
- Domestic Violence Agency
- Child Protection Agency
- Other (please specify) _____

CLIENT INFORMATION (please check one):

- Father- Non-custodial
- Father- Custodial
- Mother- Non-Custodial
- Mother- Custodial
- Grandparents/Legal Guardians

NUMBER OF CHILDREN IN COMMON BETWEEN BIOLOGICAL PARENTS:

Name	Date of Birth	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____

MARITAL STATUS BETWEEN BIOLOGICAL PARENTS (upon entry into program):

- Never Married to Each Other
- Married to Each Other
- Separated from Each Other
- Divorced From Each Other

RACE/ETHNICITY (please check one):

- American Indian or Alaska Native
Tribe: _____
- Asian
- African American
- Hispanic or Latino
- Native Hawaiian or Other Pacific Islander

- Caucasian
- Two or More Races
- Other (please specify) _____

INCOME (please check one):

- Less than \$10,000
- \$10,000 to \$19,999
- \$20,000 to \$29,999
- \$30,000 to \$39,999
- \$40,000 and above

CLIENT PARTICIPATION IN SERVICES PROVIDED (please check all that apply):

- Neutral Drop-Off/Pick-Up
- Supervised Visitation

TERMS OF COURT ORDERED VISITATION INCLUDING AMOUNT OF ORDERED VISITATION PER WEEK:

CONTINUE TO NEXT PAGE

Upon signing this document, I, _____, swear under oath that the above information is true and accurate. I have provided United Families with all the relevant information required by this application. I understand that if I qualify and receive a scholarship, I am required to make payments to the remaining costs for the visitation not covered by the scholarship. I further understand that if I fail to make timely payment or abide by the terms of the service agreement, my scholarship may be revoked.

WHEREFORE, I ask that United Families grant me a scholarship to help pay for the visitation costs associated with visiting with my child(ren).

Dated this _____ day of _____, 20____.

Print Name

Signature (must be signed before Notary)

On this _____ day of _____, 20____, before me, the undersigned officer, personally appeared, _____, known to be or satisfactorily proven to be the person whose name is subscribed to the within and foregoing instrument and acknowledged that she/he executed the same for the purposes therein contained.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal.

Notary Public
My Commission Expires:

(SEAL)