



## Scholarship Application Form: Financial Hardship

### Personal Information:

Full Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

### Household Information:

Total Number of Household Members: \_\_\_\_\_  
Number of Dependents: \_\_\_\_\_

### Financial Information:

Monthly Gross Income: \$ \_\_\_\_\_  
Sources of Income (e.g., employment, social assistance, etc.): \_\_\_\_\_  
Do you anticipate any significant changes in your income in the next 6 months? (Yes/No)  
If yes, please explain: \_\_\_\_\_

### Monthly Expenses:

Rent/Mortgage: \$ \_\_\_\_\_  
Utilities (electricity, water, etc.): \$ \_\_\_\_\_  
Groceries: \$ \_\_\_\_\_  
Medical Expenses: \$ \_\_\_\_\_  
Transportation: \$ \_\_\_\_\_  
Other Necessary Expenses: \$ \_\_\_\_\_  
Total Monthly Expenses: \$ \_\_\_\_\_

### Reason for Applying for Prorated Fees:

Please provide a brief explanation of why you are seeking prorated therapy fees based on income: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Documentation Submission:

Please email or upload the following documents to CentralReach for income verification:

- Most recent pay stubs (required)
- Most recent year's tax returns (required)
- Unemployment Benefits Statements (if applicable)



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- Other: \_\_\_\_\_ (if applicable)

### **Privacy & Selection Notice & Acknowledgement:**

*By submitting this application, I understand that the provided financial information will be kept confidential and used solely for the purpose of determining eligibility for prorated therapy fees.*

*Please note there are limited scholarships available and qualified applicants may not receive prorated fees if all allotted scholarships are currently utilized. Scholarships are reconsidered and applicants will need to submit the most updated required documentation every 3-6 months, having previously qualified for a scholarship does not guarantee receipt for the next 3-6 months.*

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

Please return this completed application form along with the required documentation to 567 North and South Road, University City, MO 63130 or email it to [info@bluestarstherapy.com](mailto:info@bluestarstherapy.com). You will receive a notification regarding the outcome of your application within 14 days.

For any inquiries or assistance with completing this application, please contact [admin@bluestarstherapy.com](mailto:admin@bluestarstherapy.com) or call the main office at 314.380.3088.