



Scholarship Application

Personal Information

Date _____

First and Last Name _____

Street Address _____

City _____ State _____ ZIP Code _____ County _____

Phone _____ E-mail _____

Sex: M _____ F _____ Age _____ Date of Birth _____

Social Security Number _____ Marital Status: Married _____ Single _____

Insurance

If you have insurance, what is the name of your insurance company?

If you are enrolled in Wisconsin Medicaid insurance, which program do you have:

Badger Care _____ <<Name>> _____

Financial Status

What is the total income in your household from all occupants? (Income includes but is not limited to wages, whether reported or not, interest, dividends, SSI benefits, unemployment compensation, worker's compensation, anticipated income, etc.)

What are your total household monthly expenses?

You will be required to provide a detailed response to each of the above questions. You will be required, upon request, to provide verification of your responses.

At this time, how much can you contribute toward the \$6,157 cost of treatment? _____

After receiving treatment, will you be willing and able to repay the cost of your scholarship to give another deserving client the opportunity to receive treatment at the Jackie Nitschke Center? Yes _____ No _____

Name of a person who can provide a reference for you regarding your financial need

** (Scholarship recipients must agree to complete the continuum of care for treatment to be effective).

Outcomes

Tell us what completing treatment will mean to you.

Tell us what your completing treatment will mean to your family.

