

HeartPath, LLC
Email: EvolveSouthFL@gmail.com
Financial Assistance Application

Please complete the following questions for consideration by the HeartPath, LLC financial assistance committee.

HeartPath only awards partial scholarships. We believe there is much gained by investing in yourself and you will be responsible for the balance. Completing this application does not imply assistance is granted. All decisions are made at the sole discretion of HeartPath, LLC based on assessment of individual need and availability of funds.

Name _____ Phone # _____

Address _____ City, State, Zip _____

Email _____

Which workshop and date are you interested in _____

Tells us about your desired outcome as a result of participating in this workshop: _____

How much can you contribute monthly to your personal growth? _____

Household: Number of Adults _____ Number of Children _____ ages _____

Income: includes alimony, child support, government assistance, etc. If not living alone, list incomes of the other household members. If anyone helps you pay your bills by supplementing your income include those amounts as well. Annual Household Income \$ _____

YOURS

Spouse/Roomie

Other

Monthly Expenses: Mortgage/Rent \$ _____ Electric/Gas \$ _____ Water \$ _____ Phone \$ _____

Auto (gas, ins, payment) \$ _____ Food \$ _____ Cable/Internet \$ _____ Child/Elder care _____

Student Loans _____ Other: _____

Give financial Reason applying for financial assistance: _____

Name of the person we can thank for your referral to HeartPath? _____

Check here if you have attached any additional pages with further information for consideration.

Applicant Signature (or parent if minor)

Date

By signing, the applicant is attesting to financial hardship with regard to participating in a personal development workshop

Intake completed by _____

To be completed by HeartPath

Financial Assistance Granted: _____

Board Member _____