



Today's Date: \_\_\_\_\_

**The Son-Rise Program® Start Up 24 – 28 January 2011 London, UK  
Financial Aid Application**

Applications received on or before 1 November 2010 will receive priority consideration for a *Son-Rise Program* scholarship. Scholarship applications will be reviewed in the order they are received.

PLEASE COMPLETE A SEPARATE FORM FOR EACH PROGRAM PARTICIPANT

Name: \_\_\_\_\_ Child's Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_ Diagnosis: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Annual Household Income: \_\_\_\_\_

Income Source (circle one):      Dual          Single          Trust          Assistance          None

Number of Children under 21 living with you: \_\_\_\_\_

Do you OWN \_\_\_\_\_ or RENT \_\_\_\_\_ your residence?

Mortgage/Rental (monthly payments): \_\_\_\_\_

Utilities (monthly amount): \_\_\_\_\_

Loans (monthly payments): \_\_\_\_\_ Credit Cards (monthly payments): \_\_\_\_\_

Medical Expenses: \_\_\_\_\_ Special Diet Expenses: \_\_\_\_\_

Other Expenses (please explain): \_\_\_\_\_  
\_\_\_\_\_

Please share your reasons for applying for financial aid (if needed, write on back of application):

**Please fax your completed application to 001-413-229-3202**