

Need-based Scholarship Application

care.	rears or age or by pe	ison imancially responsible for clients
Please indicate status: \square New Client	☐ Current Client	$\hfill\Box$ Current Scholarship Recipient
Contact Information:		
CLIENT NAME		BIRTHDATE
CONTACT FOR APPLICATION (if other than	an client)	
ADDRESS		
CITY	STATE	ZIP
PRIMARY PHONE #	ALTERNATE PHONE #	
E-MAIL		
Additional Information:		
The Right Step cost per lesson: \$60	0.00 Scholarship Assis	tance is 50% (your cost=\$30/lesson).
ANNUAL INCOME FROM ALL SOURCES:	please select one of the	he following options.
□ Up to \$30,000 □\$30,000 to \$75,	000 □\$75,00	00 to \$100,000 □\$100,000 & above
Number of Dependents in Household:	Adults	Children
Are you/have you been eligible for a rehabilitation? If yes, please list source		deral funds to assist with therapy or
What other sources of funding have you	ı investigated?	
Do any of these cover The Right Step fe	ees? If	yes, what amount?

Personal Statement:

	e applying for scholarship a ny details that you are comf	ssistance. Your statement helps us make ou ortable sharing.
SIGNATURE		DATE
Submit application to:	The Right Step, Inc. P.O. Box 721 Littleton, CO 80160-0721	
OFFICE USE ONLY		
Contacted:		
Date Granted:		
Renewed:		

3/30/21