



Mental Health & Addictions
Specialty Hospital and Outpatient Practice

Manatee Glens Scholarship Application

Please complete this form and submit it with all other supporting materials. Applicants may be awarded financial assistance based on family and/or individual needs. Manatee Glens will make every attempt to provide assistance. Scholarship awards are subject to availability. Completing a scholarship application does not guarantee financial assistance. Your application will be reviewed by the Manatee Glens Scholarship Committee, and you will be contacted with the decision. Incomplete applications will not be considered.

Scholarship Requested for:

_____ Name

Scholarship Requested (Check one):

- Journey*
- Rape Crisis Center*
- Psychological Testing*
- CAT Team*
- Children's Day Program (Students)*
- FACT Team*
- Addiction Center*

Contact Information

A. Responsible:

Name _____ Parent Guardian Self Other _____

Address _____ City _____ State _____ Zip Code _____

Phone _____ Email _____

B. Place of Employment _____

Position _____



C. Dependents - Please list **ALL** individuals who are dependents of the responsible party:

<u>Name</u>	<u>Age</u>	<u>Relationship</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please explain why financial aid is necessary at this time (*noting any unusual or special circumstances that may require consideration*) _____

Authorization

I understand that I must **maintain 75 percent attendance** of scheduled sessions, and I must **call to cancel at least 24 hours in advance**. Failure to do so could result in forfeiture of scholarship award.

I certify that the statements and information made in this application are true and correct to the best of my knowledge.

Completed By: Parent Guardian Self Other _____

Signature _____

Office Use Only

Program Vice President

Chief Development Officer

Return to: Chief Development Officer
391 6th Avenue West, Bradenton, FL 34206

