



# All Aboard

2913 W Marine View Dr., Everett, WA 98201

P.O. Box 5281, Everett, WA 98206

*"Friends Helping Friends since 2002"*

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Dear Scholarship Applicant:

This application packet is for financial assistance for All Aboard programs. We are asking that you provide this information to help us in our decision-making process. In order to be eligible for assistance, all applicants must meet the following requirements:

- There is a significant financial need
- All other resources have been exhausted
- Proof of income has been verified

Your application will be evaluated and awarded based on the information you provide us, and availability of All Aboard funds. It is our intent that these funds be available to as many applicants as possible.

The completed application packet may be dropped off directly at All Aboard or mailed to All Aboard, P.O. Box 5281, Everett, WA 98206. You may call our office at 425-327-5533 for further information.

Scholarship Committee

All Aboard

Attachments

- Scholarship Application
- Statement of Financial Need
- Release of Information Form

*"All Aboard provides recreational, social, and educational activities and helps participants develop an active, positive, and inclusive lifestyle."*

# Scholarship Application

Please attach copy of Pay Stub (if applicable), Release of Information Form, and Form SSA 6634-F6 Rep. Payee Report.

Applicant's Name \_\_\_\_\_

Current Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Tel: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

Do you live in a group home? Yes \_\_\_ No \_\_\_ Eligible for respite hours? Yes \_\_\_ No \_\_\_

Get food stamps? Yes \_\_\_ No \_\_\_ Medicaid? Yes \_\_\_ No \_\_\_ Have a Trust? Yes \_\_\_ No \_\_\_

Are you employed? Yes \_\_\_ No \_\_\_ (If yes, please provide a pay stub)

If yes, Employer's Name \_\_\_\_\_

Employer's Address \_\_\_\_\_

Employer's Phone ( ) \_\_\_\_\_ Employer's Email: \_\_\_\_\_

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Parent/Guardian Name \_\_\_\_\_

Parent/Guardian's Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Tel: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

I affirm the information that I have provided on this application, or any supportive materials, is complete, accurate, and true to the best of my knowledge. I understand that furnishing false information may result in not being considered, or revocation of All Aboard scholarship financial assistance at some later date. I understand that, if selected for a scholarship, you may use my photograph and/or testimonial for promotion and public relations purposes.

Applicant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**For office use only:**

- Release of Information Form
- Copy of SSA 6634-F6 Representative Payee Report
- Pay Stub (if applicable)
- Financial verified
- Application packet complete
- Approved \_\_\_\_\_

## Statement of Financial Need

Applicant's Name \_\_\_\_\_ Date \_\_\_\_\_

*In one (1) or two (2) paragraphs, please explain why you are requesting scholarship funds from All Aboard. Include any changes in your life that have impacted your ability to pay, such as changes in your family income or other circumstances.*

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*How would you benefit from receiving All Aboard scholarship funds?*

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*Do you attend other activities/events outside of All Aboard? (Please list) If so, how often?*

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Authorization for Release of Confidential Information

I, \_\_\_\_\_ authorize \_\_\_\_\_  
(Name-please print) (DDA Case Worker)

to release the following information: Confidential conversation as to supports and services  
provided to the applicant; verification of income

to All Aboard for the following purposes: To evaluate eligibility for All Aboard scholarship

I, the above listed individual, hereby authorize the release of information to the individual(s) named above and for the reasons specified. I acknowledge by my signature that I understand that although I am not required to release my information, I am giving my consent to do so. Additionally, I understand that I may revoke this authorization in writing at any time, except for that information which has already been released with consent and prior to my revocation.

\_\_\_\_\_ Date: \_\_\_\_\_  
(Signature)

\_\_\_\_\_ Date: \_\_\_\_\_  
(Parent/Legal Guardian Signature)