



Women's Empowerment Weekend Workshops Fall 2022

Client Scholarship Application

Thanks to the kindness and generosity of our donors, we are able to offer several need-based assistance options for WE 2022. If you are in need of financial assistance in order to attend, we warmly encourage you to apply for a scholarship by completing the application below.

The STCS Scholarship program supports our ongoing commitment to inclusivity, diversity and equitable access to services. In the spirit of transparency and alignment to our commitment to diversity, equity and inclusion (DEI) we feel it is important to clarify that priority for scholarship fund allocation will be given to individuals who identify as being part of the BIPOC, LGBTQIA+ , and/or other historically excluded communities.

If you need assistance completing this application, please contact Allison, the Clinical Director of STCS at: Allison@strongertogethersd.org.

PLEASE NOTE : Only complete applications will be considered. We will treat your application materials with confidentiality and information submitted will not be shared outside of the STCS organization. STCS reserves the right to alter scholarship terms and conditions at any time.

PERSONAL INFORMATION :

Applicant Name :



Legal Name (if different from above) :

Date of Birth (MM/DD/YYYY) : ____ / ____ / ____

Date of Application (MM/DD/YYYY) : ____ / ____ / ____

Mailing Address :

Physical Address (if different from above) :

Cell Phone Number :

Email Address :

Are you comfortable with STCS communicating with you via text, voicemail, and email?

(circle one) Yes / No

Comments (not required) :

Are you comfortable with STCS identifying ourselves as calling/texting/emailing from Stronger Together Community Services?

(circle one) Yes / No

Comments (not required) :

What is your preferred method of contact?

(circle one) Call / Text / Email / Other: _____

Comments (not required) :

Which retreat are you applying for?



Dates of retreat (MM/DD/YYYY) :

____ / ____ / _____ to ____ / ____ / _____

What type of scholarship are you applying for (*circle one*):

Full Scholarship / Partial Scholarship / Gear Only / Other : _____

How much can you afford to pay (out of total cost: \$200) at this time? Please note that we can offer payment plans, so this would not need to be a one time payment.

If you are applying for a partial scholarship, what amount are you requesting in scholarship assistance?

If you are applying for a gear scholarship, which gear are you requesting?

Have you ever applied for any STCS scholarships before?

(*circle one*) : **Yes / No**

If yes, when? (MM/DD/YYYY) : ____ / ____ / _____

What did you apply for?

Have you previously received any scholarship through STCS?

(*circle one*) : **Yes / No**

If yes, when? (MM/DD/YYYY) : ____ / ____ / _____

What did your scholarship include?

Are you currently attending school or any training/certification?

(*circle one*) : **Yes / No**

If yes, what type of education/training are you receiving?



FINANCIAL INFORMATION :

Are you currently employed?

(circle one) : Yes / No

If yes, where?

Did you claim any dependents on your 2021 tax return?

(circle one) : Yes / No / I did not file taxes in 2021

If yes, how many?

Were you claimed as a dependent on someone else's taxes in 2021?

(circle one) : Yes / No / I don't know

What is your current estimated monthly income?

What is the total amount of your current monthly expenses?

Do you currently receive any government relief or cash assistance?

(circle one) : Yes / No

If yes, please check all that apply :

- Supplemental Nutrition Assistance Program (SNAP)
- CalFresh / EBT
- Social Security Disability Benefits (SSDI)
- Affordable Housing
- Supplemental Security Income (SSI)
- Unemployment Benefits (EDD)
- Temporary Assistance for Needy Families (TANF)
- Special Supplemental Nutrition Program for Women, Infants, and



Children (WIC)

Other : _____

Are you currently experiencing significant stressors related to any of the following (check all that apply) :

- Relationships
- Living Environment
- Physical Health
- Mental Health
- Employment
- Finances
- Other : _____

Please describe any current financial hardships that make it difficult to pay for all or part of this retreat :

SIGNATURE & VERIFICATION

All above information will be respected as confidential.



By signing below, you verify that the statements made within this application are true and accurate :

Signature : _____

Date : _____

BELOW TO BE COMPLETED BY STCS STAFF :

Application Review Date : _____

Applicant Contacted on (Date) : _____

Signature : _____