

INTEGRATIVE WARRIOR ASSISTANCE SCHOLARSHIP APPLICATION FORM

PLEASE COMPLETE ALL INFORMATION REQUESTED				
APPLYING DOES NOT GUARANTEE YOU WILL RECEIVE A SCHOLARSHIP ALL INFORMATION IS CONFIDENTIAL AND REMAINS WITH IWA				
Date:				
Name:				
Last	First	Middle	Preferred Pronoun	
Present Address:				
Number	Street	City	State	Zip
How Long Have You Lived Here:			DOB:	
Telephone:				
Email:				
Scholarship Service Desired (In-Patient, Therapy, Service Dog, Tattoo, Prosthetic, ADA Accommodations, etc.):			Have you applied with IWA or another nonprofit for services in the last 12 months?	
Scholarship Amount Desired:				
Are you a current LEO, Military Member, or First Responder? If yes, which one: If yes, what is your position:		How long have you been a LEO, Military Member, or First Responder? List your history, positions, and discharge date if applicable here.		

When are you available for an interview with our Scholarship Committee?

Are you currently receiving any type of mental health services?

Why do you need this Scholarship and how will the services you request benefit you?

You can list your reasons here or email a video of yourself to warriorassistance@gmail.com.
Written or oral reasons are acceptable dependent on your comfort level. If you need assistance please email us or call the office.

What is your current household size?	
What is your current household income?	
Will you be willing to sign a HIPPA release in the event you are selected to receive a scholarship so we can coordinate with the Organization on your behalf?	
IWA USE ONLY	
Application <input type="checkbox"/> Yes <input type="checkbox"/> No _____ Date	Statement <input type="checkbox"/> Yes <input type="checkbox"/> No _____ Date
Interview <input type="checkbox"/> Yes <input type="checkbox"/> No _____ Date	
Other Notes:	
Please list two personal references that you are comfortable with us contacting should you progress in the Application Process. We will not reveal any confidential mental health information without your express consent.	
Name:	Name:
Relationship:	Relationship:
Email:	Email:
Phone Number:	Phone Number:
Years Known:	Years Known:
An application form sometimes makes it difficult for an individual to adequately summarize a complete background or request.	
Use the space below or write on the back of this application to add any additional information necessary to describe why you feel you should receive a scholarship from IWA	

PLEASE READ CAREFULLY

APPLICATION FORM WAIVER

In exchange for the consideration of my scholarship application by INTEGRATIVE WARRIOR ASSISTANCE (hereinafter called "the Company" or "IWA"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of scholarship or services, either in the scholarship applied for or any other scholarship, shall serve to create an actual or implied contract of services with any of the staff, volunteers, or directors of IWA.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal from the scholarship program at any time without any previous notice AND you will be responsible to pay back any scholarship granted by IWA. I hereby give the Company permission to former law enforcement agencies, military departments, first responder agencies, references indicated, and others listed here or discussed at your Interview, and hereby release the Company from any liability as a result of such contact.

I also understand that if selected for the Scholarship: (1) the Company will provide a one-time payment to the Service Provider or Organization Requested. **If you are found to have provided fraudulent information on this application or in your Interview process, then you are liable to repay Company for any amount paid to the Service Provider or Organization on your behalf.** Failure to do so within thirty (30) days of request by Company will request in legal action taken against you for compliance; and (2) consent to and compliance with such policy is a condition of this scholarship.

I understand that, in connection with the routine processing of the scholarship application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

Signature of Applicant

Date:

IWA is an equal employment opportunity nonprofit. We adhere to a policy of making scholarship decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for scholarship with this Company depends solely on your qualifications, needs, and fund availability.

Thank you for completing this scholarship application.
For more information please visit www.warriorassistance.org

Email us at warriorassistance@gmail.com

Call us at 985-773-3205