



# FIRST RESPONDER SUPPORT NETWORK

## WCPR Scholarship Application

### Eligibility

Scholarships are based on financial need of self-paying attendees only. Full scholarships are not awarded.

### Instructions

Send this completed application to [scholarships@frsn.org](mailto:scholarships@frsn.org) at least three weeks prior to your scheduled retreat. A determination will be made within two weeks of receipt of your application.

### Intake Process

Your application will only be reviewed once you've started the intake process. If you haven't already, call 415-721-9789 and submit your scholarship application after the process has been started.

I have already called to start the intake process. YES: \_\_\_\_\_ (initial)

### Applicant Information

Full Name: \_\_\_\_\_  
*First* *Last*

Address: \_\_\_\_\_  
*Street Address*

\_\_\_\_\_ *City* *State* *ZIP Code*

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Financial Information

Current Employer: \_\_\_\_\_

Job Title: \_\_\_\_\_

Are you currently working?  YES  NO

If NO, please explain:

\_\_\_\_\_  
\_\_\_\_\_

Monthly Household Income, Gross: \$ \_\_\_\_\_

Monthly Household Income, Net: \$ \_\_\_\_\_

Monthly Household Expenses: \$ \_\_\_\_\_

How many people depend on this income for support? \_\_\_\_\_

Briefly describe your need for financial assistance:

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**Signature**

*I certify that my answers are true and complete to the best of my knowledge. If a scholarship is awarded, I understand that false or misleading information in my application may result in revocation of scholarship aid. If a scholarship is awarded, I understand that I am responsible for payment of any remaining balance due for my attendance at WCPR.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_