



Friendship Ventures Fee Agreement

Note: Friendship Ventures will not consider the applicant eligible for the discount fee if this page isn't completed.

Applicant Name: _____ Date of Birth: _____ Age: _____

Please check and complete the appropriate blank(s):

____ Will pay cost of \$ _____ Will pay discount fee of \$ _____
____ Will contribute \$ _____ to the "Scholarship Fund" to help another person attend a Friendship Ventures Program.
____ Fee will be paid by: _____ \$ _____
name of person or organization address/city/state/zip amount

Would you like to receive your billing statement via e-mail: ____ No ____ Yes E-mail address: _____

Is applicant eligible to receive Waiver Service Funds? ____ Yes ____ No

If yes, please check the waiver that applies: __ Consumer Directed MR/RC __ CADI __ Traditional MR/RC __ Other _____

Method of Payment

____ Full payment of \$ _____ enclosed. ____ Partial payment of \$ _____ enclosed.
____ Bill me later ____ Single payment of \$ _____ ____ Monthly payment of \$ _____

____ Credit Card: Bill \$ _____ To my: ____ MasterCard ____ VISA
Card number _____
Print name on card _____
Card Holder Billing Address _____ City/State/Zip _____
Expiration Date: _____ CVV Code: _____ (3 digit # on back of card)
Signature _____

Scholarship Grant Application

If you cannot pay all of the fee, please complete the Scholarship Grant Application form below. This form **must** be completed in its entirety to be considered for scholarship.

Your name _____ Spouse (if applicable) _____
Adjusted Gross Income(s).....\$ _____ Adjusted Gross Income of Spouse (if separate returns are filed). \$ _____
(From: Line 37-IRS 1040 Form **OR** Line 21-IRS 1040A **OR** Line 4-IRS 1040 EZ Form)
Total number of dependents (including yourself and spouse, if applicable)..... _____
Total session cost(s).....\$ _____
Total scholarship grant requested (difference between the cost and what you are able to contribute)....\$ _____
Provide a brief explanation of financial need:

May we use applicant's name when seeking contributions for our scholarship fund? ____ Yes ____ No

I/We verify that the above information is true and accurate. If requested by Friendship Ventures, I/We agree to provide verification of income.

I/We or applicant agrees to thank scholarship sponsor.

signature of parent/guardian

FOR OFFICE USE ONLY: Client Name _____ Cust. ID _____

Total Scholarship Grant Approved: \$ _____ Date Approved: _____