

# The Starfish Foundation

Office: 2437 N. Booth St. Milwaukee, WI 53212  
(414) 374-5433 fax (414) 374-3997  
Outside Greater Milwaukee area (800) 236-4692

Dear Scholarship Applicant,

The Starfish Foundation requires a LETTER from you - via US mail, not email - requesting consideration for a scholarship. Your application is confidential, although your request will be held in our files with your financial info in case of an audit and may be examined by others in that circumstance.

The information in the letter should include:

- what course you want to do and dates of the course
- why it would be valuable to you at this time in your life
- how you will share your learning with others (contribution to community, as in giving back what you will receive)
- a short narrative on your financial situation and the need for a scholarship including a statement of what amount you will pay for the course (everyone pays something to confirm their commitment and investment in getting results from the course they plan to attend)

Your letter must be accompanied by your financial information statement and a signed confidentiality agreement.

Thank you for your inquiry. We look forward to assisting you with funds to support your learning and emotional liberty!

**THE MISSION of Starfish Foundation** is to assist trauma survivors in their emotional healing, liberating their grief, rage and shame, thereby allowing joy to return to their lives.

**OUR PRIMARY GOAL** is to provide funds for those unable to pay for participation in programs for emotional healing.

The Starfish Foundation is a tax-exempt, 501(c)(3) organization eligible to receive tax-deductible donations.

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## Scholarship Confidentiality Agreement

I, \_\_\_\_\_, as a recipient of a scholarship from The Starfish Foundation, do hereby agree to keep the terms, conditions and amount of that scholarship **confidential**. Those terms, conditions and amounts will not be disclosed to anyone for any reason. I agree to get full value from the course and act as if I am a full paying student in all respects.

\_\_\_\_\_  
Scholarship recipient

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

## The Starfish Foundation Scholarship Application

FULL LEGAL NAME (LAST)	FIRST	MIDDLE INITIAL
HOME ADDRESS	CITY	STATE ZIP CODE
TELEPHONE NUMBER ( )	BIRTH DATE MO.          DAY          YEAR	SEX ( ) M ( ) F
EMPLOYER	OCCUPATION	ANNUAL GROSS INCOME BUSINESS PHONE ( )
<b>MINOR INFORMATION ONLY</b>		
IF MINOR, FATHER OR GUARDIAN'S NAME (LAST)	FIRST NAME & MIDDLE INITIAL	HOME TELEPHONE ( )
FATHER OR GUARDIAN'S ADDRESS	CITY	STATE ZIP CODE
FATHER OR GUARDIAN'S EMPLOYER	OCCUPATION	TITLE BUSINESS PHONE ( )
MOTHER'S NAME (LAST)	FIRST NAME & MIDDLE INITIAL	HOME TELEPHONE ( )
MOTHER'S ADDRESS	CITY	STATE ZIP CODE
MOTHER'S EMPLOYER	OCCUPATION	TITLE BUSINESS PHONE ( )
REASON WHY YOU WANT TO TAKE _____		
REFERRED BY	TELEPHONE NUMBER ( )	
DESCRIBE ANY OTHER SELF DEVELOPMENT COURSES YOU MAY HAVE TAKEN		
SPOUSE'S NAME (LAST)	FIRST NAME & MIDDLE INITIAL	ANNUAL GROSS INCOME \$
SPOUSE'S EMPLOYER	OCCUPATION	WILL SPOUSE BE EMPLOYED THIS YEAR? ( ) YES ( ) NO

### APPLICANT'S FINANCIAL STATEMENT

INFORMATION SHOULD BE ENTERED AS IT APPEARS ON YOUR TAX RETURN

	JANUARY 1 - DECEMBER 31 (LAST YEAR)	ANTICIPATED MONTHLY INCOME
Applicant's gross wages, salaries, etc. (before taxes and deductions)		
Spouse's gross wages, salaries, etc. (before taxes and deductions)		
Other taxable income		
Non-taxable income and benefits such as social security, welfare, unemployment, child support, veterans benefits, fellowships, etc.		

Number of dependents \_\_\_\_\_

## APPLICANT'S ASSETS

HOME, IF OWNED OR BEING PURCHASED

PRESENT MARKET VALUE LESS UNPAID MORTGAGE OR DEBTS	YEAR PURCHASED	PURCHASE PRICE
		\$
INVESTMENTS AND OTHER REAL ESTATE	CASH, SAVINGS, AND CHECKING ACCOUNTS	TOTAL ASSETS
\$	\$	\$

## APPLICANT'S LIABILITIES - MONTHLY PAYMENTS

MONTHLY RENT/MORTGAGE	CAR PAYMENT	CHARGE BILLS (CREDIT CARDS, ETC.)
\$	\$	\$
FOOD	ENTERTAINMENT	CLOTHING
\$	\$	\$
MEDICAL AND DENTAL EXPENSES NOT COVERED BY INSURANCE (PLEASE LIST SINGLY)		
OTHER DEBTS (UNION DUES, ETC.) PLEASE LIST SINGLY		
EDUCATIONAL LOANS (TYPE)	MONTHLY PAYMENT	
	\$	
INDICATE ANY UNUSUAL CIRCUMSTANCES THAT SHOULD BE TAKEN INTO CONSIDERATION IN THE REVIEW OF YOUR FINANCIAL NEEDS		

## CERTIFICATION

I hereby certify that it is not possible for me to take the \_\_\_\_\_ course without financial assistance and that the information provided in this form is correct and complete to the best of my knowledge.

SIGNATURE OF APPLICANT	DATE
SIGNATURE OF SPOUSE	DATE

If you are applying for a Scholarship, you must send in your paperwork, the Scholarship Application form, Scholarship Confidentiality letter and a letter requesting that you be considered for a scholarship and why you believe you deserve to receive the scholarship.

\_\_\_\_\_ program fee \$ \_\_\_\_\_

Amount of Scholarship requested \$ \_\_\_\_\_

Amount to be paid by participant \$ \_\_\_\_\_

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