

**POISE Scholarship Application**

Camper/Student Information:

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Current Grade in School: \_\_\_\_\_

Date of Application: \_\_\_\_\_

Please attach the following documents:

1. A completed Financial Aid Form
2. A copy of your most recent signed Federal Income Tax Return with all attached schedules
3. W-2 forms *for each working family member in your household.*
4. Last 2 pay-stubs *for each working family member in your household.*

Please submit application materials to:

**Providing Opportunities for Independence  
and Social Experiences (POISE)  
314 Bryn Mawr Avenue  
Bala Cynwyd, PA 19004**

Financial aid applications will not be reviewed until all required documents are completely submitted. Any child 9-18 who has been recommended by a participating program is eligible for a POISE Scholarship.

**Providing Opportunities for Independence  
and Social Experiences (POISE)  
314 Bryn Mawr Avenue  
Bala Cynwyd, PA 19004**

**Financial Aid Form**

The requested information will be held confidential and will be seen only by persons directly concerned with the granting of scholarships by POISE. The completed application should be sent to POISE at the address above. Please complete all information to avoid delay in processing your request. Use additional sheets if necessary.

Camper/Student's Full Name: \_\_\_\_\_

Name of Head of Household / Person Completing this Form: \_\_\_\_\_

Social Security Number or Tax ID Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

**Family Information**

Please list all the people in your household, including your spouse, the child you are applying for, all other children, grandparents, etc.

<u>Full Name</u>	<u>Social Security #</u>	<u>Date of Birth</u>	<u>Relationship to Head of Household</u>

**Gross family income as reported on most recent IRS tax form:** \$ \_\_\_\_\_

Your application cannot be processed without income verification. Please attach a copy of your most recent Federal Income Tax Return, with attachments and W-2 Forms, to this application.

Are there any extenuating needs or circumstances you feel that the POISE Scholarship Committee should consider in making its determination? If yes, describe:

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**Please submit the following documentation with application:**

- Copy of **most recent** completed IRS 1040 Forms with all schedules
- Most recent W-2 Forms for each working family member living in household
- Last 2 pay-stubs for each working family member living in household

I certify that what is stated on this form is correct, true and complete. I understand that by signing **below I am giving POISE permission to verify the information entered above.** I understand that POISE cannot share confidential information, such as the information contained in this application, with any state or federal agency without my prior approval. I also understand that this application form will not be included in the applicant's file.

Name of Parent or Guardian: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_

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

*Please return your application to POISE, 314 Bryn Mawr Avenue, Bala Cynwyd, PA 19004.  
A POISE representative will contact you after the application has been reviewed.*