**The Haft Scholarship Application**

Thank you for your interest in applying for a scholarship!

We are grateful to many churches and individuals who donate to The Haft Scholarship to help provide financial assistance for those who want to come for healing. Without their generosity there are people who would not be able to afford to come. This program enables us to offer a reduced fee when guests are unable to pay the full cost of their healing programs.

If you have any questions, please call us at 570-363-2189 or email our office at Stepsofhope1@gmail.com

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**COMPLETE APPLICATION BELOW:**

Application Date:

Your name:

First name:

Last name:

Email address:

Phone number:

**Mailing Address**

Country:

Street address:

Apt/unit/box:

City:

State:

Zip code:

Are you a parent/legal guardian completing this application on behalf of your child (under 18 years)?

Yes No

What specific circumstances should we consider that are affecting your ability to pay for your healing program?

Income (total household)

Please circle one:

$0-10,000

$10,001-$20,000

$20,001-$30,000

$30,001-$40,000

$40,001-$50,000

$50,001 & over

How many adults are living in your household?

How many children are living in your household?

How much money are you able to invest for your healing program?

What church do you attend?

Name:

Address:

Phone #:

Pastor’s name:

Would you allow us to contact your church to see if they have a fund that helps pay for healing their people? We would be happy to do that!

Yes No

Please write a paragraph below to help us understand the importance of a scholarship for you. Thank you!

By including your full name below, you are declaring that all information you have provided in this application is true to the best of your knowledge:

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_