

**Via Cognitive Health
FY24 Scholarship Application**

BEFORE COMPLETING APPLICATION PLEASE READ CAREFULLY:

- Via Cognitive Health scholarships are awarded without regard to race, color, religion, sex or age.
- Via Cognitive Health selects scholarships recipients based on need.
- All scholarship recipients must have a care partner.
- All applications will be kept on file for one year.

ANSWER ALL QUESTIONS IN THIS APPLICATION FORM. INCOMPLETE APPLICATIONS CAN NOT BE CONSIDERED.

General Information about the Client

Date: _____

Client's Name: _____

Address: _____

_____ County _____

Telephone Number: _____ Date of Birth _____

Diagnosis: _____

Length of Illness: _____

General Information About the Caregiver

Caregiver's Name: _____

Address: _____

_____ County _____

Home Phone Number: _____ Work Phone Number: _____

Cell Phone Number: _____ Email: _____

Date of Birth: _____ Relationship to Client: _____

Household Income

Please provide proof of income for the person whom the scholarship is for and if married both potential client and spouse, bank statement, social security income letter, W-2, or paycheck stub.

Please check the source of income for the Client whom the scholarship application is for:

Employment Social Security VA Work Related Pensions
 Bank interest, retirement accounts, rental property, investments, etc.

What category best describes the yearly income of the Client:

\$43,741
 \$36,451 - \$43,740
 \$29,161 - \$36,450
 \$20,871 - \$29,160
 \$0 - \$21,870

What category describes the yearly income of all other adults in the household:

\$43,741
 \$36,451 - \$43,740
 \$29,161 - \$36,450
 \$20,871 - \$29,160
 \$0 - \$21,870

Please list any costs related to your loved one that she/he must pay for each month.

	Item	Approximate Cost
Household	Mortgage/rent	
	Electricity	
	Gas	
	Water	
	Alarm/security system	
	Garden services	
	Cleaning services	
	Other	
Insurance	Car	
	Life	
	Household	
	Health	
	Other	
Loans & Credit	Car	
	Credit card	
	Other	
Savings	Personal	
	Retirement	
	Holiday	
	Other	
Other	Cell & telephone	
	Internet	
	TV Cable/Netflix or similar	
	Other	
Health	Medical Bills/CoPays	
	Prescriptions	
	Home Health Aide	
	Other (Depends, etc.)	

