

Next Steps
NAFW Scholarship Application

Please complete all pages and questions on the application below.

Applicant Information

Name: _____ Date of Birth: _____

Street Address: _____

City, State, Zip: _____

Daytime Phone: _____ E-Mail Address: _____

Occupation: _____ Employer: _____

Health Insurance: _____

Person Completing Application (if different from Applicant): _____

Daytime Phone: _____ E-Mail Address: _____

Relationship to Applicant: _____

Please describe briefly how you will benefit from a full or partial scholarship towards Neuro Adaptive Fitness and Wellness (NAFW) program? _____

How will it improve your quality of life? _____

If you are granted a scholarship for NAFW program, what are your plans once funding is completed?

If awarded scholarship funding, I/We will participate in helping to raise funds by doing the following:

Financial Information

Monthly Household Income: _____

Are there any other factors you wish to be taken into consideration (health factors, living arrangement, family or financial issues)? _____

Attestation

A. By signing below, I certify that:

I have provided truthful, complete and accurate information on this applicant.

B. I understand and acknowledge that:

Next Steps has the right to rely on the information contained in this application or any subsequent amendments; and Next Steps has the right to withdraw or modify any assistance in the event that:

1. The information contained in this application or any subsequent amendment should at any time be determined to be false, incomplete, inaccurate, or misleading, or
2. The funds are used for a purpose other than stated in this application, or
3. Next Steps becomes aware of any change in my status or circumstance that may affect my eligibility, and
4. It is my responsibility to determine if the receipt of funds legally impacts other benefits that I may receive.

C. Media Clause Agreement:

I hereby give Next Steps the right to use my information, pictures, videos, etc. for any marketing purposes that will benefit Next Steps and scholarship beneficiaries, including but not limited to:

1. Biography information
2. Photo/Video content
3. Interviews upon request

D. Regardless of the qualifying scholarship amount, I acknowledge that it is my financial responsibility to pay for services rendered by the end of each month.

I certify that, to the best of my knowledge and ability, the information included in the application is accurate as of the date signed below. I also acknowledge that I am aware that if I receive any assistance from Next Steps, my name or any images may be used by Next Steps for media and/or promotional purposes.

Name: _____

Signature: _____

Date: _____

Email completed form to nextstepschicago@gmail.com