



Financial Aid Form

Application Instructions:

1. The following documents must be submitted with this application to verify financial need:
 - a. Most recent Income Tax Return or comparable.
 - b. Income documentation: current pay stubs (for the last month), state subsidies (SSI, AFCD, CDFD, etc.), or other sources of income (unemployment, family assistance, etc.)
 - c. 501(c)(3) Letter of Determination (if applicable)
2. Incomplete applications will not be processed.
3. Allow for at least 2 weeks for application processing.
4. All financial information will be kept confidential

Applicant Information

Name: _____

Date of Birth: _____ Social Security #: _____

Street Address: _____

City, State, Country: _____ Zip Code: _____

Phone: _____ E-mail: _____

Marital Status: Married/Remarried Single Widowed Separated/Divorced

Have you ever been convicted of a felony or crime involving drugs/alcohol? Yes No

Employment Information

Employer: _____

Address: _____ City, Country, _____ Zip Code: _____

Phone: _____ Supervisor: _____

Status: Full Time Part Time PRN Company Status: For Profit Not For Profit

Household Information

of Adults in Household: _____ # of Dependents: _____

Housing: Own Rent/Lease Other, please explain: _____

Income & Other Assets

\$ _____ Monthly Income

\$ _____ Partner's Monthly Income (If applicable)

\$ _____ Child Support

\$ _____ Cash Earnings (not listed on taxes or W-2 forms)

\$ _____ Other income not reported (worker's comp, disability, etc.)

\$ _____ Other: _____

\$ _____ Other: _____

\$ _____ **TOTAL MONTHLY INCOME**

Monthly Expenses

\$ _____ Rent or Mortgage

\$ _____ Utilities (gas, water, electricity, internet, television, phone, etc.)

\$ _____ Car (if more than one car payment, add totals together)

\$ _____ Loans (other than mortgage), describe: _____

\$ _____ Credit Card, describe: (what kind, how many, etc.)

\$ _____ Other: _____

\$ _____ Other: _____

\$ _____ **TOTAL MONTHLY EXPENSES**

Other Information

Is there any additional information that you would like us to know about your current financial situation? (text field will expand as needed)

Application Checklist

Please make sure all application documents are arranged in order as noted in the checklist, below.

- Signed acknowledgement of Scholarship Program Overview
- Personal statement
- Completed IICS Financial Aid application
- Two letters of recommendation
- Optional notarized statement of financial independence
- Copy of Federal Tax Return from previous tax year or comparable
- Copy of 501(c)(3) determination letter (if applying for Service Scholarship)

IITAP Training Application should be completed immediately after the above information has been sent.

Acknowledgement

I verify that all information submitted is correct, complete, and accurate. If I submit false or inaccurate information, I understand I will be terminated for the training and responsible for any scholarship fee's awarded and/or due.

Signature

Date

Mail to: International Institute
of Clinical Sexology
9620 NE 2nd Ave # 205
Miami Shores, FL 33138
USA

Fax to: +1-815-346-3476