



Application for Scholarship Aid

St. Joseph Institute provides scholarships and loans to assist those seeking treatment for addiction and other mental health issues. The determination of support is based on need and ability to pay. All financial assistance is applied toward the cost of treatment at the Institute. Services and products purchased on behalf of a resident that are not part of the regular program (e.g. laboratory testing, medications, chiropractor visits) are not covered with the financial assistance from the Institute.

Name of person seeking treatment: _____

Occupation: _____

Place of Employment: _____

Home Zip Code: _____

Telephone: _____ Email Address: _____

Name of wage earners in household: _____

Number of family members at home: _____

Combined annual income: _____

(Note – Further documentation may be necessary to confirm information provided.)

Additional information that you would like us to consider (such as a financial hardship or other circumstances): _____

I certify the information provided above is accurate.

Name

Date

**Please fax to 814-692-4485 or scan and e-mail to
scholarship@stjosephinstitute.com**