



Teen Challenge of Kentucky Priscilla's Place FINANCIAL AGREEMENT

Applicant's Financial Responsibilities

If you are unable to pay these costs there may be scholarships available for you.

****Please submit your application including a financial commitment in any amount from you, your family, friends or church on the next page to determine your eligibility for a scholarship. We will help you. ****

1. You are financially responsible for your physical examination, including blood tests, before entrance into our Women's Program when possible.

The specific blood work & physical exam must include:

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| <ul style="list-style-type: none"> ▪ Complete Physical Exam (use Health Screening Form) ▪ TB ▪ VDRL (Venereal diseases) ▪ Hepatitis A, B, & C (tests, not the shots) ▪ CBC | <ul style="list-style-type: none"> ▪ HIV ▪ Urinalysis ▪ Pregnancy ▪ Dental Exam (if applicable) |
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Completed Health Screening Form and all test results can be faxed, mailed or brought on Intake day.

ATTN: Intake Coordinator, Fax to: (502) 561-2131 or Mail to: 1151 E Broadway, Louisville, KY 40204

2. ****Intake Fee: covers application processing and initial intake services. The \$350 Intake Fee is due on the day of Intake and is NON-REFUNDABLE.**
3. ****Monthly Student Fees: First month's fees are due on the day of Intake and are NON-REFUNDABLE. (First Roots Program Applicants must pay one month's fees at Intake with additional fees due if program extends past 5 weeks).** Discounts may be available for some payment options. We offer automatic bank withdrawal and pre-payment, ask for more information.
4. **Return Bus Fare or Flight Fare** from Louisville, KY back to your hometown in case of an unexpected departure from the program. **This is required even if you have another means of transportation arranged. Return Bus/Flight Fare is due on the day of Intake.**
5. It is recommended that you bring or receive in the future, **personal spending money (up to \$50.00 per month maximum)** to cover doctor's appointments, prescriptions, and any other personal needs that may arise such as:
 - Medical and/or Dental Bills
 - Eye Exam/glasses
 - Cost of transportation to and from appointments, bus station and/or airport (if staff is unable to transport)

Acknowledgement: By signing below, I acknowledge that I have received a copy of this information. I understand there are monthly student fees and that I and my sponsors will pay or I must apply for a scholarship. I also understand that there is a one-time \$350 intake fee that must be paid on my intake date. I understand that these fees and all student fees are **NON-REFUNDABLE**.

Student signature

Date

Witness Signature

Date

**** If you are unable to pay these costs there may be scholarships available for you so please submit your application, regardless of your ability to pay the fees. We will help you. ****

Applicant's Financial Commitment and Scholarship Request

If you are unable to pay these costs there may be scholarships available for you.

****Please submit your application including a financial commitment in any amount from you, your family, friends or church below to determine your eligibility for a scholarship. We will help you. ****

Indicate the level of support you will commit to provide yourself or raise from sponsors:

- 100% support\$1500 monthly
- 83% support\$1250 monthly*
- 66% support\$1000 monthly*
- 50% support\$ 750 monthly*
- 33% support\$ 500 monthly*
- Less than \$500/month*

***If you are committing to less than \$1500/month, you must fill out the scholarship request below.**

▪ **My Personal Financial Commitment** (Funds given for Intake/Monthly Fees are **NON-REFUNDABLE**):

One-time support: \$ _____ Monthly Support: \$ _____ Monthly Spending Money (**\$50 limit**): \$ _____
 Signature: _____ Date: _____

Person Responsible for \$350 Entry Fee (Due on Intake day): _____

Person Responsible for Bus/Flight Fare (Due on Intake day): _____

Other Income: Are you receiving child support, welfare, unemployment compensation, disability payments, worker's compensation, alimony, or other income? Yes No

Explain: _____

Amount of Other Income I can commit to monthly support: \$ _____

▪ **Sponsors' Financial Commitments** (Funds given for Intake/Monthly Fees are **NON-REFUNDABLE**):

1st Sponsor: Name _____ Phone _____
 Address: _____ City _____ State _____ Zip _____

One-time gift: \$ _____ Monthly Support: \$ _____ Monthly Spending (**\$50 limit**): \$ _____
 Signature: _____ Date: _____

2nd Sponsor: Name _____ Phone _____
 Address: _____ City _____ State _____ Zip _____

One-time gift: \$ _____ Monthly Support: \$ _____ Monthly Spending (**\$50 limit**): \$ _____
 Signature: _____ Date: _____

3rd Sponsor: Name _____ Phone _____
 Address: _____ City _____ State _____ Zip _____

One-time gift: \$ _____ Monthly Support: \$ _____ Monthly Spending (**\$50 limit**): \$ _____
 Signature: _____ Date: _____

Total One-Time Support: \$ _____	Total Monthly Support: \$ _____
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Scholarship Request:

My total monthly commitment is \$ _____. Since I am committing to less than \$1500 monthly, I am requesting a scholarship of \$ _____ monthly to cover the portion of my Student Fees that I am unable to pay. If I am accepted into the program and receive a scholarship, I agree to fulfill all the requirements of the specific scholarship I receive including thank you letters to donors, progress reports, and other requested actions. Further, I give Teen Challenge of Kentucky permission to release my name to my scholarship organization for reporting purposes.

Applicant Signature

Date

Office Use Only: Scholarship eligible? Yes No Scholarship: _____ Amount: \$ _____