



# FARE-Cle Community Fund Scholarship Application

## 1. "Rider" information

Name: \_\_\_\_\_ . Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ . Email: \_\_\_\_\_

## 2. Financially Responsible Party

Name: \_\_\_\_\_ . Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ . Email: \_\_\_\_\_

## 3. Employer or Day services

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ . Email: \_\_\_\_\_

Contact Person/Role \_\_\_\_\_

## 4. Household Information

Is the Rider a dependent or under Guardianship? \_\_\_\_\_

With whom does the Rider reside? \_\_\_\_\_

# of siblings living at home/ ages \_\_\_\_\_

# of other dependents \_\_\_\_\_

**5. Financial Information - \*please provide verifications for all questions in Section 5**

Does the Rider receive SSI, SSDI, Medicaid? List all: \_\_\_\_\_

Does the Rider have a level 1, IO or SELF waiver? \_\_\_\_\_

Will you receive funding or reimbursement from a foundation, agency or other source to assist in paying part or all of the fees associated with FARE-Cle transportation? \_\_\_\_\_

If so, please provide the name of the organization:

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Contact Person/Role \_\_\_\_\_

**6. Scholarship Information**

Please explain why you want this scholarship. Write on the back if more room is needed:

---

---

---

---

---

---

---

---

How often do you anticipate the Rider will need rides to work or activities? \_\_\_\_\_

What is the Rider 's present mode of transportation? \_\_\_\_\_

How much scholarship money is needed (if the total amount can't be awarded)? \_\_\_\_\_

## 7. Other Information

If you wish FARE-Cle Community Fund to consider additional circumstances when evaluating your scholarship needs, (such as job loss, large expenses, loss of support provider), please list here. Use the back if more space is needed.

---

---

---

---

---

---

---

---

## 8. Certification

By signing below I certify that all of the information on this form is true and complete to the best of my knowledge. I realize that incomplete information or fraudulent information will result in denial or reversal of scholarship. I also certify that I am granting permission for FARE-Cle Community Fund to communicate with the contacts listed above on my behalf.

Signature of Rider \_\_\_\_\_

Signature of Applicant \_\_\_\_\_

Signature of Responsible Party (if different) \_\_\_\_\_

Date: \_\_\_\_\_