



Internal
Family
SystemsSM

THE CENTER FOR SELF LEADERSHIP

PO Box 3969, Oak Park, Illinois 60303

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SCHOLARSHIP APPLICATION for CSL TRAINING PROGRAMS

Please read this page and contact us with any questions.

CSL awards scholarships on the basis of financial need. Scholarships range from 5% to 50% of the tuition so that we can help as many eligible applicants as possible to defray their costs.

To Apply for a Scholarship:

1. **Submit your completed form before the start of your training** to allow time for us to review it. It's best to submit it when you submit your program application and/or at least 6 weeks before your training begins. **Scholarship applications submitted closer to the start of the training** can still be reviewed, but note that it takes time to do this and it may not be possible to reply to you immediately.
2. **Attach copies of pages 1 and 2 of your most recent US 1040 tax form, or page 1 of US 1040EZ.** We suggest you black out any social security numbers on your tax forms, just in case, for example, you accidentally fax or email them to the wrong place, or if your application gets lost in the mail.
3. **Complete all sections of this form** – we can't process forms that are missing information.

Scholarship Notification:

1. **We will email you about whether or not you have been awarded a scholarship** shortly after receiving your completed form, and this is usually within about 7-10 days.
2. **Unless we hear from you otherwise, we will charge your program deposit 2 business days after sending you the scholarship notification email,** and this is to secure your place in the training. **If you need additional time** to make your decision about participating in your training, just give us a call or send an email and we'll do our best to work something out with you.

If you have any questions, please contact us.



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~ Please type or PRINT clearly, using BLACK ink, to make sure we can read it. Thanks! ~

Program City: _____ Program 3-digit Code #: _____

Program Begins: _____ Program Level (circle one): Level 1 Level 2 Level 3

Your Name: _____ Age: _____

Street Address: _____ City _____ State _____

Daytime Phone: (_____) _____ Cell Phone: (_____) _____

Email (**print clearly**): _____

Marital Status: _____ Married/Partnered _____ Separated _____ Divorced _____ Widowed _____ Single

Number of Dependents: _____ Ages of Dependents: _____

Relationship of Dependents to You: _____

Your Occupation: _____ Employer: _____

How long? _____ Are you: _____ Full-time _____ Part-time

Spouse/Partner Occupation: _____ Spouse/Partner Employer: _____

How long? _____ Is s/he: _____ Full-time _____ Part-time

Last Year's Household Annual Income (adjusted gross from US 1040): _____

Current Household Annual Income (estimate if necessary, and indicate if it's adjusted gross or gross):

Do you receive child support and/or alimony payments? If so, specify type and amount. _____

Do you have any other income sources not listed above (eg., rental property income, scholarships or grants for this training, etc.)? If so, specify types and amounts. _____

If you are a student, are you: _____ Full-time _____ Part-time Degree sought: _____

School Name, Location: _____

Household's Assets:

Cash, Stocks, Bonds, Mutual Funds, CDs, Money Market, Savings, Checking accounts, etc. (total value today): \$ _____

Retirement accounts (total value today): \$ _____

Home value today: \$ _____

Other (please specify): \$ _____

\$ _____

\$ _____

Total Assets \$ _____

Debt Obligations:

Please list monthly payment amounts.

What is your mortgage or monthly rent? \$ _____ (Check here if you rent)

Unpaid mortgage balance: \$ _____

Home equity loans: \$ _____

Auto loans: \$ _____

Student loans: \$ _____

Credit card payments: \$ _____

Other debt (specify type & amount): \$ _____

\$ _____

\$ _____

Total Debt: \$ _____

**We understand that each person's circumstances are unique.
On a separate page, please tell us about any special circumstances regarding your financial situation.**

Amount of aid requested

Minimum amount required to participate in training

By signing here I affirm that the information I've provided is accurate and complete.

Applicant's signature

Date

Applicant's printed name