



**Internal
Family
SystemsSM**

THE CENTER FOR SELF LEADERSHIP

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CSL TRAINING PROGRAM SCHOLARSHIP APPLICATION

Please use this form to apply for scholarship assistance for any CSL-managed training program. Please provide accurate and complete information. Your application won't be considered unless it is complete. **Scholarships are awarded on the basis of financial need and range from 5% to 50% of the tuition cost.** The information you provide will be held in confidence. Please mail or fax the completed application to CSL (contact information above).

Please type or print clearly using dark ink.

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

Program Start Date: _____ Program Level (please circle one): **Level 1** **Level 2** **Level 3**

Your Name: _____ Birthdate: ___/___/___ Age: _____ Male ___ Female ___

Address: _____

Day Time Phone: () _____ Cell Phone: () _____

Email (please print clearly): _____

Marital status: ___Married/Partnered ___Separated ___Divorced ___Widowed ___Single Parent ___Single (no dependants)

Number of dependants: _____ Please specify relationship: _____

Occupation: _____ Employer: _____

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

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

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

Most Recent Year's Total Adjusted Gross Income From IRS Form 1040 or 1040EZ (specify year and amount):

Current Annual Income: Individual: _____ Household: _____

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

Do you have any other income sources? If so, specify types and amounts received. _____

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

School: _____

**CSL SCHOLARSHIP APPLICATION
PAGE 2**

Assets:

Cash, Investments, Stocks, CDs, Money Market,
Savings and Checking accounts (total value today): \$ _____

Retirement accounts (total value today): \$ _____

Home value today: \$ _____

What is the monthly payment? \$ _____ (___ Check here if you rent)

Other (please specify): \$ _____

Total Assets \$ _____

Debt:

Unpaid mortgage balance: \$ _____

Home equity loans: \$ _____

Auto loans: \$ _____

Student loans: \$ _____

Credit card debt: \$ _____

Other debts (please specify type & amount): \$ _____

Total Debt: \$ _____

NOTE: On a separate sheet, please tell us about any special circumstances that may affect your financial situation and eligibility for a scholarship.

Amount of aid requested

Minimum amount required to participate in training

I declare that this information is correct and complete.
I also understand that a copy of my tax returns may be required to verify income.

Applicant's signature

Date

Applicant's printed name