

SANTA FE SOUL FOUNDATION
Scholarship Application for Wellness Education Program

Name: _____ Date: _____

Address: _____ Phone: _____

Email: _____ Date of Birth: _____

Gender: M F T Single Married Divorced Domestic Partnered Widowed

Race: American Indian or Alaska Native _____ Asian _____ Black or African American _____ White _____
 Native Hawaiian or other Pacific Islander _____ Hispanic or Latino _____ Multiracial _____

FINANCIALS

Wellness Education Program Scholarships are needs based and offered to individuals who fall within 100% of the current Federal Poverty Guidelines. Please check your eligibility on the chart below.

Family Size	% Gross Monthly Income									
	25%	50%	75%	81%	100%	133%	175%	200%	250%	300%
1	\$233	\$465	\$698	\$754	\$931	\$1,238	\$1,629	\$1,862	\$2,327	\$2,793
2	\$315	\$630	\$946	\$1,021	\$1,261	\$1,677	\$2,206	\$2,522	\$3,152	\$3,783
3	\$398	\$795	\$1,193	\$1,289	\$1,591	\$2,116	\$2,784	\$3,182	\$3,977	\$4,773
4	\$480	\$960	\$1,441	\$1,556	\$1,921	\$2,555	\$3,361	\$3,842	\$4,802	\$5,763
5	\$563	\$1,125	\$1,688	\$1,823	\$2,251	\$2,994	\$3,939	\$4,502	\$5,627	\$6,753
6	\$645	\$1,290	\$1,936	\$2,090	\$2,581	\$3,433	\$4,516	\$5,162	\$6,452	\$7,743
7	\$728	\$1,455	\$2,183	\$2,358	\$2,911	\$3,871	\$5,094	\$5,822	\$7,277	\$8,733
8	\$810	\$1,620	\$2,431	\$2,625	\$3,241	\$4,310	\$5,671	\$6,482	\$8,102	\$9,723

You will be required to provide documentation of your income (tax return) before being awarded a scholarship. One scholarship per person per year.

How many people in your household: _____ Monthly Income: _____

Any other financial circumstances you'd like us to know about: _____

Signature: _____ Date: _____

Please return completed application in one of three ways
 Mail to: SANTA FE SOUL FOUNDATION PO BOX 22511 SANTA FE, NM 87502
 Fax to: (505) 986-0194 Email to: sfsfdirector@gmail.com

Financial documentation received Scholarship Awarded Scholarship Denied
 Authorized Signature _____ Date _____