

Personal Development Community Organization, Inc.

Email: admin@thelivingcourse.org FAX 561-287-5602

Financial Assistance Application

Please complete the following questions for consideration by the PDCO, Inc. financial assistance committee. PDCO only awards partial scholarships. We believe there is much gained by investing in yourself and you will be responsible for the balance. Completing this application does not imply assistance is granted. All decisions are made at the sole discretion of PDCO, Inc. based on assessment of individual need and availability of funds.

Name _____ Phone # _____

Address _____ City, State, Zip _____

Email _____

Income: include spouse or significant other, alimony, child support, etc. If you live with someone & they support you financially, their income needs to be included. If parents or anyone supplements your household income to help you pay your bills, include that in the amount below

Annual Household Income \$ _____ Number of Adults _____ Number of Children _____

Mortgage/Rent \$ _____ Do not include this amount in the monthly expenses below

Other Monthly Expenses (utilities, insurance, food, gas, etc.) \$ _____

What is the maximum monthly payment you can contribute to your personal growth? _____

Is there anything else you would like to tell us for consideration of financial assistance? _____

Give financial Reason applying for financial assistance: _____

Tells us about your desired outcome as a result of participating in this workshop: _____

Which workshop, and date are you interested in _____

How did you hear about PDCO? _____

Check here if you have attached any additional pages with further information for consideration.

Date

Applicant Signature (or parent if minor)

By signing, the applicant is attesting to financial hardship with regard to participating in a personal development workshop

Intake completed by _____

To be completed by PDCO

Financial Assistance Granted: _____ **Board Member** _____