

RYAN'S WINGS

SCHOLARSHIP APPLICATION

Thank you for choosing Ryan's Wings to assist with your recovery. We want to move your recovery forward in a positive way and assist you as much as we possibly can. We are aware that not everyone has family or friends to help with the financial burden that recovery entails. Ryan's Wings offers assistance with costs associated with rent for sober living, IOP (intensive outpatient support) and co-pays for medication needed for recovery. Please complete this form and submit it to any board member's email, which can be located on our website (www.ryanswings.org). We would love to be able to help everyone but will start with those that have the greatest need. Recovery is possible!

RENT **IOP** **CO-PAYS**

Amount Requested: _____

Name: _____ Date: _____

Address: _____ Social Security #: _____

DOB: _____ Email: _____

Insurance Information:

Do you currently have health insurance? Yes No

Company: _____ Policy # _____ Group # _____

FINANCIAL:

Is this the first time applying for rental assistance? Yes No

If no, when and what residence? _____

Do you owe any back rent to any sober home? Yes No

Is there anyone available to assist with rent, such as friends or family? Yes No

I hereby acknowledge that all information in this application is accurate. Any information found to be inaccurate may disqualify you from rental assistance.

Applicant

Date

