



Thank you for requesting information regarding Quasar Quantum Youth Fund's (QQYF) scholarship program. Partial and full scholarships are designed to help families in financial need who would be well served by the programs and services offered by Quasar Quantum Healing.

To be considered for a scholarship, complete and submit the enclosed application and statement of financial position. In addition, please include a copy of your most recent tax return. Scholarships are considered on an individual basis and are reviewed by the Scholarship Committee.

QQYF is a non-profit 501(c)3 corporation. Scholarships are provided by private donations and annual fundraising events. If your family is approved for a partial or full scholarship, we request you write a general letter of thanks to those who have so generously provided this assistance. We also invite you to consider donating to QQYF's scholarship fund in the future if your financial position changes.

If you have any questions, please feel free to call us.

Sincerely,

A handwritten signature in black ink, appearing to read 'Monica B. Samuels'.

Monica B. Samuels

Founder

Please email the completed scholarship application with last year's tax return to

stephanie@quasarquantumhealing.com



QUASAR QUANTUM
YOUTH FUND

SCHOLARSHIP APPLICATION FORM

Application is to be completed by person(s) financially responsible for admission.

PLEASE ATTACH A COPY OF LAST YEAR'S FEDERAL INCOME TAX RETURN.

Applicant's Name: _____ SS#: _____
Address: _____ City: _____ State: ____ Zip: _____
Applicant's DOB: _____ Marital Status: _____ Email: _____
Home Phone: _____ Work Phone: _____ Fax: _____
of Dependents: _____
Child's Name: _____ Age: ____ DOB: _____
Proposed Admission Date: _____

Financial Sources & Assets:

Employer: _____ Years: _____ Occupation: _____ Salary (Net): _____
Spouse's Employer: _____ Years: _____ Occupation: _____ Salary (Net): _____
Cash in Bank: _____ Family Financial Support: _____
Loans: _____ Total Investments: _____
Retirement Saved: _____ Life Insurance Cash Value: _____
Other Assets: _____

Total financing from all sources: \$ _____

Are you currently receiving any financial assistance from your state, church, or family? _____

If YES, how much are you receiving per month? _____

Liabilities:

Credit Cards: _____ Family Financial Support: _____
Loan Payments: _____ Mortgage or Rent: _____
Other Liabilities: _____

Total liabilities from all sources: \$ _____

I AM REQUESTING ASSISTANCE IN THE AMOUNT OF: \$ _____



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Please use the space below to answer the following question:

What concerns do you have regarding your child's health and wellness and what treatment(s) have you already tried?

I have read this application thoroughly and certify that to the best of my knowledge all of the information is correct.

I understand that funding can be denied if the application is incomplete or if the information is found to be misleading. I further recognize the importance of my personal involvement in the program and commit myself to do whatever may be required of me in order for this to be a successful experience for all those involved.

Applicant Signature

Application Date