



#GiveMomABreak Retreat Scholarship Application

Terms and Conditions

Applicants for the #GiveMomABreak Retreat for Special Needs Moms scholarship must fill out this application and provide proof of income for eligibility.

Emerald Coast Exceptional Families (ECEF) reserves the right to refuse assistance to any applicants that fail to submit all required documentation or provide false information on this application.

ECEF will work with all applicants to receive financial assistance, but applicants are not guaranteed assistance by filling out this form. The maximum scholarship value is \$200 for overnight retreat guests. Overnight retreat guests will be required to place a credit card on file with the hotel upon check-in for incidentals. ECEF will not cover costs accrued to the room during your retreat stay. If an applicant that is approved for a scholarship has already paid for her retreat, the amount of the scholarship will be refunded to her.

Initials: _____ I have read and agree with the terms and conditions.

Initials: _____ I understand that I am required to place a credit card on file with the hotel upon check in to the retreat for incidental room charges during my stay.

Please print, sign and fill out both pages of this application form. Email your completed application form and required documents to momsevents@emeraldcoastexceptionalfamilies.org.

The deadline to apply is Saturday, December 18, 2021.

I certify that all the information on the pages of this scholarship application is true and correct and that all household income has been reported. I give representatives of ECEF permission to check the validity of any information. I have received a copy of the terms and understand that misrepresentation of any information that I have given may prevent me from receiving further assistance from this scholarship process.

Applicant Printed Name: _____

Applicant Signature: _____

Date: _____

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Applicant Full Name:

Child/Children's Disability:

Applicant Date of Birth:

Applicant Address:

Applicant Phone Number:

Applicant Email Address:

Other members of the household. Include full name and date of birth for each member of household. If more room is needed, please continue on back:

Name	Date of Birth
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Annual Household Income:

Any extenuating circumstances to be considered (medical costs, disaster, etc.)

Required documentation:

Proof of Identity – Please scan and attach a copy of Driver's licenses, photo ID, or passport (showing name and birthdate) for applicant or other legal document showing name and birthdate.

Proof of all household income – Please scan and attach a copy of proof of household income (eg. Paycheck stub, social security, pension, W2 form, TANF, child support, alimony, etc.)