



EVOKE FAMILY FOUNDATION

Our mission is to transform the lives of struggling youth and young adults by providing grants, support, and hope through an Evoke Therapy Program. The purpose of the Evoke Family Foundation is to provide, through grants, the opportunity for persons who, due to financial restrictions, would be unable to participate in an Evoke Therapy Program.

Grant Application Guidelines:

- *Applications are reviewed on a rolling basis.*
- *Applicants will be notified as soon as a decision is reached.*
- ***EFF provides partial grants only.***
- *Grant awards will be made payable to the Evoke Therapy Program for wilderness therapy, sent directly to the program upon receipt of the signed participation agreement.*
- *Grant offer is good for 30 days following award notice. After 30 days, the grant offer will expire and applicant will need to re-apply.*
- *Grant recipients must notify **EFF** if they experience a change in financial status and no longer are in need of the grant.*
- *Grants are non-transferable. Grant recipients must notify **EFF** if they decide to not accept the scholarship.*
- *If further information is needed, a phone interview may be requested.*
- *Grant requests are open to anyone for whom attending an Evoke Therapy Program would pose a financial hardship.*
- *Grant recipients are responsible for securing their own travel to and from the Evoke Therapy Program.*

Submit Completed Application:

Email: evokestephanie@gmail.com

*Mail: Evoke Family Foundation
1812 W Sunset Blvd #1-209
St. George, UT 84770*

Grant Application:

Name of Applicant: _____

First

Middle

Last

Age: _____ Date of Birth: _____

Male

Female

Current Address: _____

Street

City State Zip Code

Home Phone Number: _____ Cell Phone: _____

E-mail address: _____

_____ I have some financial support from my family (**If checked, please complete PART II of application**)

_____ I am applying as an independent adult. I am 100% financially responsible for myself

_____ Applicant is under 18; parent or legal guardian must complete application (**Please complete PART II of application**)

Signature: _____ Date: _____

By signing this application, I hereby certify that all of the information I have provided in this application is accurate and is subject to verification by EFF. I understand that I am financially responsible for medical, travel and incidentals to and from the program.

If applicant is under the age of 18, parents must complete this portion of the application

Name of Parent(s) _____

I/we have sole custody of the applicant

I have joint custody of the applicant (if joint custody applies, parent 2 must complete information below)

Current Address: _____

Street

City

State

Zip Code

Home Number: _____ Cell Phone: _____

Email address: _____

Signature: _____ Date: _____

By signing this application, I hereby certify that all of the information I have provided in this application is accurate and is subject to verification by EFF. I understand that I am financially responsible for medical, travel and incidentals to and from the program.

Name of Parent 2: _____

Address: _____

Street

City

State

Zip Code

Home Number _____ Cell Phone # _____

Email: _____

Signature: _____ Date: _____

By signing this application, I hereby certify that all of the information I have provided in this application is accurate and is subject to verification by EFF. I understand that I am financially responsible for medical, travel and incidentals to and from the program.

Please Answer the Following Questions:

To be completed by applicant. If under 18, parent of legal guardian may complete.

1. How did you hear about Evoke Family Foundation? _____

2. Has applicant ever attended wilderness therapy? Yes No

If yes, when and name of program? _____

3. Have you received a grant to attend wilderness therapy in the past three (3) years?

Yes No If yes, from whom? _____

4. Has an application already been submitted for a wilderness therapy treatment program? Yes No

If yes, Name of wilderness therapy program: _____ Date applied: _____

Name of contact person at program: _____

5. Are you applying for grant funds from another source? Yes No

If yes, please describe the source, the amount and the status of those funds. _____

Narrative Questions (please use a separate piece of paper):

1. Please describe your employment.

2. Please describe any sources of additional support.

3. Please describe the special circumstances that may affect your family's ability to pay for an Evoke Therapy Program.

4. Anything else you might want us to know about you and/or your family? Please note that we do not have access to your admissions application

Financial Information Required for Submission:

- 1. Please include your last two (2) years federal income tax returns (1040 forms)
- 2. Copy of your most recent W2
- 3. Two (2) most recent pay stubs from all contributing income
- 4. Current Personal Financial Statement

OR

If you have already provided the information above to the wilderness program for a scholarship, you can elect to sign the release below.

I _____ authorize the Evoke admissions and outreach development team to share my financial information (Evoke scholarship application) with the Evoke Family Foundation in lieu of providing it here.

Signature

Date

If you are applying for a grant after admission or for extended days:

I _____ authorize the EFF board to speak with my child's Evoke Therapy Programs therapist in order to better understand the funds needed.

Signature

Date

Submission Checklist:

Before you submit your completed packet, make sure the following information is included, as incomplete applications will delay review:

- Completed grant application*
- All narrative questions answered on separate sheets of paper*
- Copies of last two years Federal Income Tax returns (1040 forms) **Please do not send originals***
- Copy of your most recent W-2*
- Copy of 2 most recent pay stubs from contributing members of the household*