

Institute for Personal Change

P.O. Box 50384 • Palo Alto, CA 94303-0384
650-737-1368

<http://www.theprocessworks.org>

Financial Aid / Scholarship Application

This is a confidential document.

Name: _____

Address: _____

How long: _____

Tel: _____

E-mail: _____

Date of birth: _____

Social Security #: _____

Previous Address: _____

How long: _____

Employer: _____

(Addr & Tel) _____

How long: _____

Supv: _____

Previous Employer: _____

(Addr & Tel) _____

How long: _____

Supv: _____

Closest Relative: _____

(Addr & Tel) _____

Income:

Source	Amount per year

Outflow:

Source	Amount per year

Signature: _____

Printed Name: _____

Date: _____

Agreement accept by:

Institute for Personal Change: _____

Printed Name: _____

Date: _____

AUTHORIZATION TO RELEASE CREDIT AND EMPLOYMENT INFORMATION

I, _____, recently applied for credit with The Institute For Personal Change. I have been asked to provide information concerning my credit history. Therefore, I authorize their investigation of my credit information.

Your release of my credit or employment information is authorized whether such information is of record or not. I release you and all persons, agencies, agents, employees, firms, companies, or parties affiliated with you from any damages resulting from providing such information.

This authorization is valid for thirty (30) days from the date of my signature below. You may keep a copy of my release request for your files.

Thank you in advance for your cooperation.

Signature: _____ Date: _____

Print name: _____

Address: _____

Telephone (day): _____

Telephone (evening): _____

Social Security Number: _____

Date of Birth: _____