

# Blount Hospitality House Financial Scholarship Application

Date: \_\_\_\_\_

Social Worker: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Hospital: \_\_\_\_\_

Blount House Guest Name: \_\_\_\_\_

Patient Name: \_\_\_\_\_

*Please read to the applicants:*

I am requesting financial assistance for the \_\_\_\_\_ family.

The scholarship amount will be granted on a need bases, and will be determined by the Executive Director. In the event the Executive Director is unavailable, a member of the staff will make a temporary decision until the Executive Director returns. The family understands that their financial status with the Blount Hospitality House is confidential and should not be discussed with anyone other than a staff member of the House. In the event a reduced rent rate is shared with other House Guest's, the \_\_\_\_\_ family will forfeit their reduced rate and will return to normal rates.

*I have shared the above information with the family.*

\_\_\_\_\_  
Social Worker

*I understand that I am applying for a reduced rent rate. If that rate is discussed with anyone other than a Blount House Employee, I will forfeit my reduced rate. In the event there is a waiting list, I will be contacted when there is availability.*

\_\_\_\_\_  
Guest