



Financial or Educational Assistance Application from The Ghost Rider Foundation

The Ghost Rider Foundation (GRF) is about recovery from Post Traumatic Stress Disorder. The GRF will not ask for confidential medical records but do require proof that you are in treatment with a qualified mental health professional.

To assure that our efforts do not become a hindrance to your recovery, we require that:

- You be in current counseling sessions.
- Your attending mental health provider is aware of the assistance we may grant.

Upon request, a clinical psychologist is affiliated with GRF to speak with your mental health provider.

I. Eligibility

- Must reside in Northeast Ohio
- Recipients of educational assistance must be enrolled at a State College, University, Community College or Technical School in a degree or certificate program.
- Applications for financial assistance must state a specific need related to living expenses, clothing, shelter or continuing psychiatric or mental health medical care.
- Applicants are selected on the basis of the criteria as set forth by Ghost Rider Foundation Executive Committee.
 - Applicants must be veterans, or immediate family members of a veteran diagnosed and in treatment for Post Traumatic Stress Disorder;
 - Educational grants will be paid only to the College, University or Technical School for classes or required classroom material.
 - Requests for day care in connection with educational or medical care will be processed the same – payment directly to the provider.
 - Disbursement of funds for other needs related to living expenses will be paid directly to the provider or seller.

II. Application Requirements

- Complete the financial/educational assistance application.
- Submit a short (250 words is recommended), personal statement addressing the following areas:
 - Your reasons for requesting assistance needs and how assistance will help you achieve recovery from PTSD;
 - Your career or job aspirations or goals;
 - Your recovery/treatment goals;
 - How your future career aspirations or goals contribute to the betterment of the community or society;
 - Your schedule for counseling and the name and address of your mental health provider;
 - Your unusual expenses or circumstances; and
 - Discuss your need for a scholarship/assistance.
- Although completing the Free Application for Federal Student Aid (FAFSA) is not required for all scholarships/assistance grants, most donors do require the FAFSA to be processed. In order to be considered for all scholarships or assistance available, complete the FAFSA and submit a copy of the confirmation page with your application to the Ghost Rider Foundation. You can apply online at www.fafsa.ed.gov and print your completed form.

III. How to Submit an Application

- Complete applications must be sent to the Ghost Rider Foundation 7456 Sherwood Drive, Mentor OH 44060.
- Applications are considered by the 15th of each month
- Depending of the funds available and the evaluation priorities for requests, the applicant can expect a response within 30 days or less.

IV. Notification of Award of Educational Grant/Expense Assistance

- All applicants who meet Ghost Rider Foundation criteria will be notified within 30 days of the request for assistance.
- Your application for assistance will be kept on file in the event there is another request for assistance and in the event that additional funds become available.



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You must be a veteran of the United States of America Armed Forces who resides in Northeast Ohio and has been diagnosed with service-connected Post Traumatic Stress Disorder and in treatment with an accredited mental health care professional (psychiatrist or psychologist). Immediate family members may also be eligible for assistance depending on the situation and evaluation/recommendation by the Ghost Rider Executive Board.

Your Name _____
Street Address _____ City _____ State _____ Zip _____
Phone # _____ e-mail Address _____
Age _____

Name of Service _____ # Years Served _____

Mental Health Provider (name, address and telephone) _____

Circle any applicable agencies you have requested or received assistance from: Veterans Administration, County Veterans Service Commissions, Social Security, Salvation Army, Soldiers and Sailors Relief etc.

Please provide a list of any other agencies, charities or foundations you have requested assistance from:

CURRENT YEAR INCOME INFORMATION

Include income such as wages, social security benefits, child support, ADC, etc.

Your gross annual income \$ _____

Source of income (name and address of employer) _____

Do you have other health insurance? Yes No Do you receive tuition reimbursement? Yes No

Other resources for college expenses:

Savings \$ _____ VA Benefits \$ _____ Other \$ _____

Your marital status (circle one) Single Married Divorced Widowed

of your dependent children _____ Your spouse's income _____

Housing (circle one) Own home Rent Live with parents

If living with parents, provide the following: Parents' marital status: Married Divorced Widowed

Father's Income \$ _____ Mother's Income _____ # Dependent Children _____

I certify that the information provided on this application is **true**. Any information that is false or misleading can result in a denial of this or future requests.

Signature of Applicant: _____ Date _____



**CHECKLIST
FOR FINANCIAL AID OR EDUCATIONAL ASSISTANCE REQUEST
FROM THE GHOST RIDER FOUNDATION**

- _____ **GRF Application specifying specific need**
- _____ **DD-214 (copy)**
- _____ **Essay (250 words recommended)**
- _____ **FAFSA confirmation page copy (if applying for educational assistance)**
- _____ **Proof of enrollment at a state college, university, community college or technical school
in a degree or certificate program (if applying for educational assistance)**
- _____ **Letter or statement signed by doctor as proof of treatment**

**MAIL ENTIRE PACKAGE TO:
The Ghost Rider Foundation
7456 Sherwood Drive
Mentor OH 44060**