DAS Charity

9205 Eagle Sr. Suite 300-197
Mont Belvieu Tx 77523 (Mailing Address)
www.dascharity.org
info@dascharity.org
(337)784-8051

Mental Health Center

Application for Scholarship

Full Name: ____ **Date:** ______________
First Middle Initial Last

Date of Birth: __________ **Age:** _______ **Gender:** ☐ Male ☐ Female
(SSN): _____-_____-_____ **Driver's License:** ☐ Yes ☐ No **DL #:** ______________
Marital Status: ☐ Single ☐ Married ☐ Divorced
Address: ____
Street Address Apt/Suite

____
City State Zip Code

E-Mail ___________________________**Phone:** _____________ **Alt Ph #:** ______________
Best Way to Reach you: ☐ Text ☐ Phone ☐ E-mail.

EMERGENCY CONTACTS

Emergency Contact 1:
Name: ___________________________ Relationship: _________________________
Home Phone #: ___________ Cell Phone #: _____________ Other #: _______________

Emergency Contact 2:
Name: ___________________________ Relationship: _________________________
Home Phone #: ___________ Cell Phone #: _____________ Other #: _______________

EDUCATION		
High School Attended:		
Did you Graduate	☐ Yes ☐ No	Date:
Did you obtain GED	☐ Yes ☐ No	Date Obtained:
Degree or Title obtained:		
Last Collage Attended		
Date Last Attended	Start:	End:
Number Of Hours Completed		
Intended Major		
Other School		

Did you Graduate	☐ Yes ☐ No	Date:
Did you obtain a certificate or skill	☐ Yes ☐ No	Date Obtained:
Degree or Title obtained:		

INSURANCE INFORMATION	
Are You Currently Covered Under Any Health Insurance Policy: ☐ Yes ☐ No	
Insurance Name:	
Member ID:	**Group #**
Insurance Policy: ☐ **Primary Insurance** ☐ **Secondary Insurance**	
Subscriber Name:	**Date of Birth:**
Relationship:	

Employment

EMPLOYMENT INFORMATION

ARE YOU LEGALLY ELIGIBLE TO WORK IN THE U.S? ☐ YES ☐ NO

HAVE YOU EVER BEEN CONVICTED OF A FELONY? ☐ YES ☐ NO

Employer 1	
Company:	Phone No.:
Address:	
Starting Pay:	Ending Pay:
Job title:	☐ Hourly ☐ Salary
Start Date:	End Date:
Responsibilities:	
Reason for Leaving:	
Employer 2	
Company:	Phone No.:
Address:	
Starting Pay:	Ending Pay:
Job title:	☐ Hourly ☐ Salary
Start Date:	End Date:
Responsibilities:	
Reason for Leaving:	
Employer 3	
Company:	Phone No.:
Address:	
Starting Pay:	Ending Pay:
Job title:	☐ Hourly ☐ Salary
Start Date:	End Date:
Responsibilities:	
Reason for Leaving:	

REFERENCES	
Reference 1	
Full Name:	Relationship:
Email:	Phone No.:
Reference 2	
Full Name:	Relationship:
Email:	Phone No.:
Reference 3	
Full Name:	Relationship:
Email:	Phone No.:

HOUSEHOLD MEMBERS *(for additional members, please ask for additional form)* **List all persons who will be living in your household**						
Full Legal Name	**Relationship to Head of Household**	**DOB and Age**	**Social Security Number**	**Gender**	**Relationship**	**Elderly/ Disabled?**
				☐M ☐ F		☐Yes ☐No
				☐M ☐ F		☐Yes ☐No
				☐M ☐ F		☐Yes ☐No
				☐M ☐ F		☐Yes ☐No

INCOME List all income of household members listed ABOVE (including benefits for children) (Salary, Tips, Social Security, SSI, Food Stamps, Pension, Child Support, etc.) ONE SOURCE OF INCOME PER LINE *(for additional income, please ask for additional form)*			
Family Member	Source Of Income (Job, SS, TANF, Child Support, etc.)	Amount	How Often (Weekly, Biweekly, Monthly, etc.)

Please answer the following questions bellow

Have you been diagnosed with a learning disability? If so what type and when?

____

Are you related to anyone working for DAS Charity? If so please write who and their job title.

____

Are you a veteran? Do you have family in the military? (ex: Parents, Siblings, or Grandparents)

____

List any extra curricular activities you have been involved in during high school (ex: Sports, Clubs, etc.) and the years involved in each activity.

____
____
____

List any community service activities you have been involved in during high school.

____
____
____

List any awards and honors that you received during high school.

____
____
____

Briefly describe why you are applying for the scholarship program at DAS Charity.

____
____
____

DISCLAIMER

Please take your time to carefully read the disclaimer acknowledgement for DAS Charity then print and sign your name below.

Applicant understands that this is an Equal Opportunity for all and committed to excellence through diversity. In order to ensure this application is acceptable, please print or type with the application being fully completed in order for it to be considered.

I, the Applicant, certify that my answers are true and honest to the best of my knowledge. If this application leads to my eventual acceptance, I understand that any false or misleading information in my application or interview may result in my termination of assistance from DAS Charity. I also understand that I may be asked at any point and time to complete a background check or provide Drug screening as part of the application process or during my partnership with said charity. I hereby give my full consent for DAS Charity to have full access to my results.

SIGNATURE ________________________________ DATE ____________________

PRINT NAME ________________________________

BACKGROUND CHECK CONSENT

IF ASKED, ARE YOU WILLING TO CONSENT TO A BACKGROUND CHECK? ☐ YES ☐ NO

IF NO, PLEASE EXPLAIN: ____________________________________

DRUG SCREENENG CONSENT

If Asked, Are You Willing To Consent To A Drug Test? ☐ YES ☐ NO

IF NO, PLEASE EXPLAIN: ____________________________________

DAS Charity Wellness Confidential Form

Name: ______________________________________ Today's Date: ______________

DOB: ______________ Age: __________ Gender: ☐Male☐ Female

Please answer the following questions as truthfully as possible.

Question(s):	**Answer Options:**
How often do you feel overwhelmed or stressed?	☐ Never ☐ Rarely ☐ Sometimes ☐ Often ☐Always
How often do you feel sad or depressed?	☐ Never ☐ Rarely ☐ Sometimes ☐ Often ☐Always
How often do you feel anxious or worried?	☐ Never ☐ Rarely ☐ Sometimes ☐ Often ☐Always
How often do you feel irritable or angry?	☐ Never ☐ Rarely ☐ Sometimes ☐ Often ☐Always
How often do you feel lonely or isolated?	☐ Never ☐ Rarely ☐ Sometimes ☐ Often ☐Always
How often do you have trouble sleeping?	☐ Never ☐ Rarely ☐ Sometimes ☐ Often ☐Always
How often do you feel tired or fatigued?	☐ Never ☐ Rarely ☐ Sometimes ☐ Often ☐Always
How often do you feel a lack of interest in pleasure in activities you used to enjoy?	☐ Never ☐ Rarely ☐ Sometimes ☐ Often ☐Always
How often do you have trouble focusing or concentrating?	☐ Never ☐ Rarely ☐ Sometimes ☐ Often ☐Always
Have you recently had suicidal thoughts?	☐ Never ☐ Rarely ☐ Sometimes ☐ Often ☐Always
Do you worry about having enough money to feed yourself or your children?	☐ Never ☐ Rarely ☐ Sometimes ☐ Often ☐Always
Do you worry about having enough money to pay for utilities or rent?	☐ Never ☐ Rarely ☐ Sometimes ☐ Often ☐Always
Do you feel safe at home?	☐ Never ☐ Rarely ☐ Sometimes ☐ Often ☐Always
How often do you think people would be better off if you were dead or gone?	☐ Never ☐ Rarely ☐ Sometimes ☐ Often ☐Always
Staff Only (DO NOT FILL)	____ Never ____ Rarely ____ Sometimes ____ Often ___ Always Overall total: ______________

Have you experienced any major life changes or stressors recently? (e.g., job loss, relationship issues, health problems) ☐ Yes or ☐ No

If yes, please explain: ____

Have you sought professional help for your mental health before? ☐ Yes or ☐ No

If you answered yes to the previous question, did it help? ☐ Yes or ☐ No

When did you seek help? ____

Do you have a support system? (e.g., friends, family, therapist) ☐ Yes or ☐ No

Are you currently taking any medications for mental health related issues? ☐ Yes or ☐ No