

Print Clearly

The OurFamilyWizard® Website  
Scholarship Request Form

Print Clearly

Fax, email, or mail completed forms and documentation to:

Fax: (952) 548-8159

Email: info@ourfamilywizard.com

OFW® Scholarship Services

1302 NE 2<sup>nd</sup> Street, Suite 200

Minneapolis, MN 55413

**STEP 1: The following information is required for BOTH parents:**

<b>Scholarship Parent:</b>	
First Name _____	Last Name _____
Street Address _____	
City _____	State _____ Zip _____ Country _____
Phone (____) _____	Email _____
<b>Other Parent</b>	
First Name _____	Last Name _____
Street Address _____	
City _____	State _____ Zip _____ Country _____
Phone (____) _____	Email _____

**STEP 2: One of the following documents MUST be included (check one):**

*\*ONLY applications with proper documentation will be submitted for consideration.\**

<input type="checkbox"/> <b>In forma pauperis</b> , or <b>proof of indigence</b> signed by the court within last 12 months <input type="checkbox"/> <b>Signed letterhead</b> from a professional you are working with stating scholarship need <input type="checkbox"/> <b>Government aid statement/award letter</b> (housing, medical, food, utility assistance etc.) <b>*Benefits must be current and court documents must be within the calendar year*</b>
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**STEP 3: The following information is to be completed by the professional submitting on behalf of parent(s):**

First Name _____	Last Name _____
Organization _____	Title _____
Street Address _____	
City _____	State _____ Zip _____ Country _____
Phone (____) _____	Email _____
<b>For professionals submitting for the parent(s), please choose one of the following AND complete parent information above:</b>	
<input type="checkbox"/> I am a court officer or arm of the court requesting a complimentary one year OFW® subscription for _____ due to financial need. <i>*Include documentation of need (as seen above) or signed letterhead stating need*</i>	
<input type="checkbox"/> I am a legal professional or court officer providing legal services free of charge due to financial need. Please grant my client a complimentary one year OFW® subscription. <i>*Include signed letterhead stating scholarship need*</i>	
<input type="checkbox"/> My services are provided at _____ % of my standard rate due to financial need. Please grant my client a one year OFW® subscription at the same percentage of the standard \$99 annual subscription fee. <i>*Include signed letterhead stating scholarship need*</i>	
Signature _____	Date _____
<b>(Court officers sign and date here when submitting unsigned documents)</b>	

Once we receive the application and documentation it can take up to five business days to receive a decision. Subscribers will receive an email notification and non-subscribers will receive a welcome email upon approval.