

Please make sure to include copies of the following required documents with your application:

- Written doctor's recommendation letter
- Personal goals statement regarding your wellness objectives
- Copies of prior two years tax returns
- Copies of payroll checks from the past three months

For more information, please call:

Karen Gillingham - Director of Operations
O: (615) 432-2579 | kgillingham@tnbcenter.org

Natasha Weddle - President and CEO
O: (615) 432-2579 | tweddle@tnbcenter.org

PLEASE PRINT

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____

DATE OF BIRTH _____ EMAIL _____

MARRIED SEPARATED SINGLE MEDICAID YES NO

PRIMARY EMPLOYMENT

EMPLOYER _____ HOW LONG HAVE YOU BEEN EMPLOYED? _____

CITY _____ STATE _____ ZIP _____

STATE _____ ZIP _____

HOUSEHOLD INCOME _____ NUMBER OF PEOPLE IN HOUSEHOLD _____

SOCIAL SECURITY INCOME _____ DISABILITY _____ FAMILIES FIRST/TANF _____

FOOD STAMPS _____ OTHER _____

PLEASE PROVIDE THE FOLLOWING INFORMATION IF YOU HAVE HAD A PHYSICAL WITHIN THE LAST SIX MONTHS

CURRENT BODY WEIGHT:	HEIGHT:
BLOOD PRESSURE:	FASTING GLUCOSE:
TRIGLYCERIDES:	HDL CHOLESTEROL:



By signing this application and the related attached forms, I am requesting consideration for scholarship at The New Beginnings Center. I understand that my acceptance is contingent upon verification of all information provided with this application and approval by The New Beginnings Center board of directors. I am also committing to completing at least 12 months training with the center so that I can move forward toward meeting my written goals and objectives statement.

SIGNATURE _____ DATE _____

MAIL COMPLETED APPLICATION TO: 509 CRAIGHEAD STREET, SUITE 100, N ASHVILLE, TN 37204