

**The OurFamilyWizard® Website
Scholarship Request Form**

Fax or mail completed forms and documentation to:

OFW® Scholarship Services
1302 NE 2nd Street, Suite 200
Minneapolis, MN 55413
Fax: (952) 548-8159

Applicants should expect an email or phone response within two business days of receipt.
Non-subscribers will receive a welcome email upon approval.

Court officer, Family Court Service, Legal Aid, or Pro-Bono Representative:

First Name _____ Last Name _____
Organization _____ Title _____
Email: _____ Phone () _____ Fax() _____
Address _____
City _____ State _____ Zip _____ County _____

This form is accompanied with: (Choose one or more.)

In Forma Pauperis
 Signed letterhead stating scholarship need.
 Other _____ (proof of indigence and/or government financial assistance)

Choose one of the following:

I am a court officer or arm of the court requesting a complimentary one year OFW® subscription for _____ due to financial need.

I am providing legal services free of charge due to financial need. Please grant my client a complimentary one year OFW® subscription.

My services are provided at _____% of my standard rate due to financial need. Please grant a one year OFW® subscription at the same percentage of the standard \$99 annual subscription fee.

Signature _____ **Date** _____

Complete the following for both parties:

Scholarship parent:

First Name _____ Last Name _____
Email _____ Phone () _____
Address _____
City _____ State _____ Zip _____ County _____

Other Parent:

First Name _____ Last Name _____
Email _____ Phone () _____
Address _____ City _____ State _____ Zip _____