



Averte Scholarship Fund Overview

Thank you for your inquiry regarding financial assistance for the Averte program. The Trivium Life Services Foundation is pleased to be able to offer limited financial aid scholarships to those with a demonstrated, significant financial need. This letter contains information about the Averte Scholarship Fund, its parameters, and how to request assistance.

Purpose of the Averte Scholarship Fund

The Averte Scholarship Fund is made possible through generous donors of Trivium Life Services and its subsidiaries. The purpose of the fund is to support individuals and families who might not otherwise be able to afford Averte's services. This fund was established to provide an opportunity for a person to have a successful course of treatment at Averte, with a focus on meeting treatment goals rather than on financial circumstances or timelines. However, the funds are limited, and we have a responsibility to manage these funds diligently. Therefore, we must consider each request carefully.

How Scholarships Are Awarded

Scholarship decisions are based on objective, documented criteria including financial need, program alignment, and fund availability. Applications are evaluated using a standardized scoring rubric to ensure fairness, consistency, and compliance with the Trivium Life Services Foundation Scholarship Policy.

All scholarship funds are contributed to and administered by the Trivium Life Services Foundation and are awarded at the Foundation's sole discretion through an independent review process. Donors may not designate contributions for specific individuals. All awards are subject to fund availability, compliance with donor intent, and Foundation approval.

Review and Duration of Scholarship Awards

Every effort is made to keep the award consistent for a three-month period before being re-evaluated for its financial merits. Scholarship awards are reviewed in accordance with the Trivium Life Services Foundation Scholarship Policy. Final approval authority rests with the Market Leader, CEO and/or CFO, and VP of Philanthropy within delegated limits. Awards exceeding delegated authority require Foundation Board approval.

Scholarship award letters are sent via mail and email to the person completing the request and any other individuals listed as financially responsible. Award letters will stipulate the award amount, start date, and end date. Awardees are invited to re-apply to extend their scholarship by completing the application process again.

Application Packet and Processing

To be considered for a scholarship, applicants must submit a complete application packet. The packet includes:

- Completed Request for Scholarship Form
- Copy of the most recent IRS Form 1040 Federal Tax Return (including applicable schedules A–D)
- Recent pay stub

To process your request, all individuals listed as "financially responsible" on the New Client Information Form, as well as the client (if a tax return was filed), must provide the required tax and income documentation. **Incomplete application packets will not be considered.**



Application Submission

Completed application packets may be emailed to Shannon Bergholm (shannon.bergholm@averte.com) or return via mail or in person to Shannon Bergholm at Averte (2122 Lower PLN Bradford, VT 05033).

Please be aware that the review process may take up to three weeks before a decision can be made.

*The Foundation retains full discretion and control over all scholarship determinations.



Request for Scholarship Form

Basic Information

This section to be completed by the person assuming financial responsibility for services.

Client Name(s) _____ **Date** _____

Person Completing Request _____ **Relationship** _____

Mailing Address _____

Phone _____ **Email** _____

Please share the reason(s) for your request for financial aid, including a description of any relevant financial circumstances. If more space is needed, please include a separate sheet.

Financial Information

This section to be completed by the person assuming financial responsibility for services. As a need-based scholarship, we must better understand your current financial situation to determine eligibility. All financial information will be kept confidential.

What is your household's current MONTHLY gross income from all sources?

Salary & Wages: _____

Investments: _____

Alimony: _____

Child Support: _____

Social Security: _____

Retirement Benefits: _____

Other: _____

Total Monthly Gross Income: _____

In addition to completing the questions above, all persons who signed the New Client Information form as "financially responsible," plus the client (if filed), must provide a copy of their most recent 1040 IRS Federal Tax Return (please include all applicable schedules A-D) and a recent pay stub. No financial assistance can be awarded without this (or equivalent) information.



Client Engagement Statement

This section to be completed by the current or prospective client.

Please describe how you plan to fully engage in our programming, including why a scholarship would be impactful for you. In your response, outline the steps you will take to remain accountable for your participation, progress, and treatment goals. If more space is needed, please include a separate sheet.

Certification

This section to be completed by the person assuming financial responsibility for services.

I (we) certify that the information provided is accurate to the best of my (our) knowledge. If my (our) financial situation changes, I (we) will notify the office as soon as possible.

Printed Name	Signature	Date
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Printed Name	Signature	Date
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To submit your application packet, this form and all other required documentation may be emailed to Shannon Bergholm (shannon.bergholm@averte.com) or returned by mail or in-person to Shannon Bergholm at Averte (2122 Lower PLN Bradford, VT 05033).