



Scholarship Application

Please read the Scholarship Guidelines thoroughly before completing this application. Only applications completed following these guidelines will be considered for funding.

Applicant's Name: _____
Last First

Birthdate: ____/____/____ Age: _____ Gender: M / F County: _____

Has applicant applied for a Conductive Learning Center scholarship/grant in the past? Yes / No

If Yes: When? _____ Amount received? _____

Applicant's Primary Diagnosis/Disability: _____

() Parent(s) _____
 () Guardian(s) Last First
 () Self _____
Last First

Address: _____
Street City St Zip

Phone: _____
Home Alternate Email

List all therapies, including Conductive Learning Center, that the applicant receives at school (S) or receives privately (P) check the appropriate designation.

_____ ()S ()P	_____ ()S ()P
_____ ()S ()P	_____ ()S ()P
_____ ()S ()P	_____ ()S ()P

Amount of scholarship being requested: \$ _____

Have you made previous attempts to find other financial assistance? Yes / No

If Yes, list: to whom, when and the amount received/outcome of request. _____

Please provide the following information:

Monthly Income (all sources): _____

Any government assistance being provided to you or your family, - list amount(s) and source(s): _____

Name of employers: _____

Please check and explain any financial circumstances that affect your need for financial assistance:

- | | |
|--|---|
| <input type="checkbox"/> Single parent | <input type="checkbox"/> Multiple children with special needs |
| <input type="checkbox"/> Two-parent, single-income | <input type="checkbox"/> Unemployed |
| <input type="checkbox"/> Other _____ | Number of family members in home: _____ |

Please explain your current circumstances and situation leading to your scholarship application: _____

