



# SCHOLARSHIP APPLICATION

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

Application Date: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_  
Last First

Birthdate: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age: \_\_\_\_ Gender: M / F County: \_\_\_\_\_

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

If Yes: When? \_\_\_\_\_ Amount received? \_\_\_\_\_

Applicant's Primary Diagnosis/Disability: \_\_\_\_\_

Parent (s) \_\_\_\_\_  
Last First

Guardian (s) \_\_\_\_\_  
Last First

Self \_\_\_\_\_  
Last First

Address: \_\_\_\_\_  
Street City St Zip

Phone: \_\_\_\_\_  
Home Alternate Email

List all therapies, including the Conductive Learning Center of North America, 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.

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Please provide a following information:

Gross Monthly Income (all sources): \_\_\_\_\_

Any government assistance being

Provided to your 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:

Single parent

Multiple children with special needs

Two-parent, single-income

Unemployed

Other \_\_\_\_\_

Number of family members in home: \_\_\_\_\_

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

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Please return this form along with a copy of your most recently filed 1040 tax return.



Families awarded scholarships agree to:

1. Have your child participate in assessment and evaluation by the program and meet with the conductor teacher to discuss your child's progress.
2. Attend the parent meeting at the start of the session.
3. Ensure your child maintains attendance of at least 85% while receiving scholarship funds. If you are unable to attend, you will contact the program immediately.
4. Complete an online survey regarding your satisfaction with the program at the completion of the session.
5. Participate in activities designed to support the program. Options for participation will be provided by your Conductor Teacher or Executive Director.

I certify that all the information being submitted is true and accurate. I understand that a voluntary declaration of income and number of persons in my family is necessary to determine if my child qualifies. Failure to provide correct or complete information and documentation may result in our application being denied.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

Relationship to Child: \_\_\_\_\_

**Please direct any questions to:**

[adminservices@conductivelearningcenter.org](mailto:adminservices@conductivelearningcenter.org)

Office Phone: (616) 575-0575

2401 Camelot Court SE

Grand Rapids, MI 49546