



SCHOLARSHIP APPLICATION

Please read the Scholarship Policy and Procedures 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 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 the 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:

Gross 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: _____

Please drop off or mail this form along with a copy of your most recently filed 1040 tax return to:

Jill Marewski
Conductive Learning Center of North America
2401 Camelot Ct SE, Suite J
Grand Rapids, MI 49546



SCHOLARSHIP AGREEMENT

Families awarded scholarships agree to:

1. Have your student participate in assessment and evaluation by the Program Director (if new student) 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 CLC Staff.
6. Pay all tuition balances by due date indicated on session invoice. Failure to do so will jeopardize scholarship award for future sessions.

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:

Jill Marewski

Office Phone: (616) 575-0575

adminservices@conductivelearningcenter.org

2401 Camelot Ct. SE, Suite J

Grand Rapids, MI 4954