

The Child Language Center

Scholarship Application Form



Please complete this form and submit with all required documents (listed at bottom).

Incomplete applications will not be processed.

This application is for:

___ Toddler/Preschool program ___ Speech Therapy only ___ Summer camp

Does your child have a public school Individual Educational Plan (IEP)? ___ Yes ___ No

Child's Last Name:	First Name:	Date of Birth (mm/dd/yyyy)	Tax Dependent? ___ Yes ___ No
Parent/Guardian Last Name:	First Name:	Phone number:	Text message? ___ Yes ___ No
Street Address:	City/State	Zip Code	Email address:

Federal Poverty income Level's (FPL)

Supplied by the US Department of Health and Human Services
Please indicate family size:

Family Size	2	3	4	5	6	7	8
200% of FPL	\$31,460	\$39,580	\$47,700	\$55,820	\$63,940	\$72,060	\$80,180

REQUIRED: Household size must be defined by Option 1 or Option 2:

- Option 1: Public Assistance - Attach your public assistance approval letter dated within the last six (6) months listing monthly gross income and household size. (Food Stamps, AHCCCS, DES Child Care Wait List, and Cash Assistance.)**
- Option 2: Tax Records – Attach a copy of your family's most current annual income tax return (page 1 of tax form) with listed dependents.**

NOTE: If you do not have a tax return, you may substitute a signed personal statement indicating your household size and the reason why a tax return is not available.

Are you or another member of your household working? ___ Yes ___ No

For all working members of your household, please attach:

- Written statement from employer, including gross annual income or hourly rate; or
- One month of current consecutive pay stubs

Parent's signature: _____ **Today's Date:** _____