

SCHOLARSHIP APPLICATION



Date: _____ Service(s) Requested: _____ Early Intervention _____ Supplemental _____ Educational

Child's Name: _____ Child's Date of Birth: _____

Parent/Guardian Name(s): _____

Address: _____

Email: _____ Referred by: _____

Phone: () _____ (cell) () _____ (home)

() _____ (work) () _____ (other)

Place of Employment _____ Length of Employment _____

If unemployed, why? _____

School District: _____ School Attending: _____ Grade: _____

What type of insurance does the parent/guardian have? _____

What type of insurance does child have? _____

Does the parent/guardian receive child support? _____ Other assistance? _____

What financial assistance does the parent/guardian receive from the government? _____

What financial assistance does the child receive from the government? _____

Does the child receive SSI (Social Security Supplemental Income)? _____

Child's Diagnosis or concern for which seeking services: _____

POST & CURRENT SERVICES:

TYPE	LENGTH OF SERVICE	PROVIDER	COST
Special Education			
Occupational Therapy			
Physical Therapy			
Speech Therapy			
Tutoring			
Counseling			
Other			

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Child's Name: _____

I hereby affirm that the information provided is accurate and complete to the best of my knowledge. I grant Turtle Wing Foundation permission to verify the above information. I understand that if my family receives any financial assistance from Turtle Wing Foundation, I agree to be contacted by Turtle Wing Foundation and meet any requirements of the foundation. Turtle Wing Foundation has the right to revoke financial assistance at any time for any reason. Cost shares are expected to be paid in a timely manner.

Parent/Guardian Signature: _____ Date: _____

Approval Signature: _____ Date: _____

Items to include with financial assistance application to be considered complete:

- Completed Provider proposal
- Documentation of Diagnosis (if available)
 - IEP – Student Strengths & Key Evaluation Results Summary page or Neuropsychological testing report summary page.
- Consent for release of photos and information

Once complete application information is submitted, a decision will be communicated to the family and provider by Turtle Wing Foundation within 3 weeks. **If awarded financial assistance, funds will be paid directly to the provider.**

Families receiving financial assistance are asked to:

- Complete a combined total of 12 volunteer hours per calendar year.
- Participate in Turtle Wing Parent Support Network.
- Provide an impact statement or testimonial prior to the completion of services being funded.

Application should be submitted to:

Turtle Wing Foundation
P.O. Box 631
Schulenburg, TX 78956

For more information please contact:

Susie Shank
Managing Director
susie@turtlewingfoundation.org
office: 979-505-5090