



FINANCIAL ASSISTANCE APPLICATION

Date: _____

Service(s) Requested: _____

____ Early Education

____ Supplemental

____ Educational

Child's Name: _____

Child's Date of Birth: _____

Parent/Guardian Name(s): _____

Address: _____

Email: _____

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

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

Place of Employment _____ Length of Employment _____

If unemployed, why? _____

School District: _____ School Attending: _____

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)? _____

POST & CURRENT SERVICES:

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

I hereby affirm that the information provided is accurate and complete to the best of my knowledge. I grant Turtle Wing 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 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: _____