

CONFIDENTIAL
SCHOLARSHIP APPLICATION

Please print clearly. Complete all information requested. Incomplete applications will be returned.

Parent/Guardian 1 (Last Name, First Name): _____

Parent/Guardian 2 (Last Name, First Name): _____

Address: _____

City, State, Zip: _____

Phone: _____ eMail: _____

Parent/Guardian 1 Employer/Occupation: _____

Parent/Guardian 2 Employer/Occupation: _____

Total Household size: _____ Based on your budget, monthly amount you can afford: \$ _____

Is any government assistance received? Yes No If yes, please attach a copy of assistance received.

Student 1 (Last Name, First Name): _____

Student 2 (Last Name, First Name): _____

To complete application, please;

- 1) Attach a copy of your most recent federal tax return.
- 2) Attach a copy of any government assistance received.
- 3) Return completed and signed application to our Executive Director.

Please use the back of this form, or separate attachment, for any additional information for us to consider.

By signing below, I agree that all statements and attachments are true and correct.

Applicant: _____ Date: _____

Any student receiving financial aid who misses seven (7) sessions in any single quarter may lose their financial aid. This will allow us to allocate the funds, our tutors and other resources in the most efficient and beneficial manner.

Dyslexia Reading Connection, Inc. does not and shall not discriminate on the basis of race, color, religion (creed), gender, gender expression, age, national origin (ancestry), disability, marital status, sexual orientation, or military status, in any of its activities or operations. These activities include, but are not limited to, employment, selection of volunteers and vendors, and provision of services.

(01/2018)

For Office Use Only			
Date and Time Received:		Letter sent:	
Qualify:	Amount:	Monthly Billing <input type="checkbox"/>	Updated in DB <input type="checkbox"/>