



2009-2010 Founder's Scholarship Application

The confidential nature of financial information will be respected and will NOT be shared with any outside institutions or persons.

Scholarships for Hearing School of the Southwest students are made available to children with hearing impairment through the generosity of individuals and private donors who have a special interest in providing children an opportunity to listen, talking and become a part of the hearing world. Limited monies are available this year.

Student Information

Name	
Social Security Number	Birth date (day/month year)
Street Address	Home phone
City	State, Zip

PARENT INFORMATION

Father's Name	
Place of Work	Occupation
Work Phone	
Monthly Salary (take home pay)	Other Income (monthly)
Email Address	

Mother's Name	
Place of Work	Occupation
Work Phone	
Monthly Salary (take home pay)	Other Income (monthly)
Email Address	

List all persons who live in the home. Include applicant, parents, grandparents, uncle, aunt or any other persons.

Name	Age	Name	Age
Name	Age	Name	Age
Name	Age	Name	Age

Who is responsible for tuition payments (Both Parents _____ or Father only _____
Mother only _____)

REQUIREMENTS FOR ELIGIBILITY

To determine if your child is eligible for a scholarship, please answer the following questions:

- Are you a first time enrollee? **If No, please finish the rest of this section.** __Yes __No
- Has student been enrolled at Hearing School of the Southwest for at least one full year? __Yes __No
- Has student attended school on a regular basis and arrived on time? __Yes __No
- Has student completed homework and classroom assignments in a timely manner? __Yes __No
- Is the student's account paid up-to-date? __Yes __No
- Has your family been actively involved in the students listening/speech progress? __Yes __No
- Has your family regularly attended Parent Education meetings and other school activities? __Yes __No
- Has your family meet the fundraising requirements through the annual adopted fundraiser? __Yes __No
- Did you meet eligibility requirements for the AG Bell scholarship program ? __Yes __No
- Did you apply for the AG Bell scholarship program? __Yes __No

Other Information:

Other information you would like to share for special consideration: (special circumstances, loss of work, medical expenses, care of an elderly loved one)

Family Financial Contribution—All efforts to exhaust other financial contributions from family members or private sources should be completely explored before asking for scholarship monies.

Monthly amount your family will contribute towards tuition_____

Source of contribution _____ (budget, child support, government subsidy, charity, other family members-grandparents, aunts, uncles)

Required Documents (attach to Application)

- Copy of your 2008 IRSTax Return with W2 form attached
- 3 recent Paycheck stubs from each working spouse

If these items are not available or if you have any questions, contact Tami Eick

I SWEAR ALL THE ABOVE INFORMATION TO BE TRUE AND CORRECT

Signed:_____ (Parents or Legal Guardian)

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