

COMMUNICATION CONNECTIONS SCHOLARSHIP FUND

APPLICATION

Applicants must be in financial need and have a history of or current diagnosis of a developmental delay, Speech/Language delay and/or Feeding delays.

Application submissions for the prior school year are from March 1-April 30.

Awards will be announced from May 31-June 15

1. Contact Information

Applicant Name:

Date of Birth:

Address:

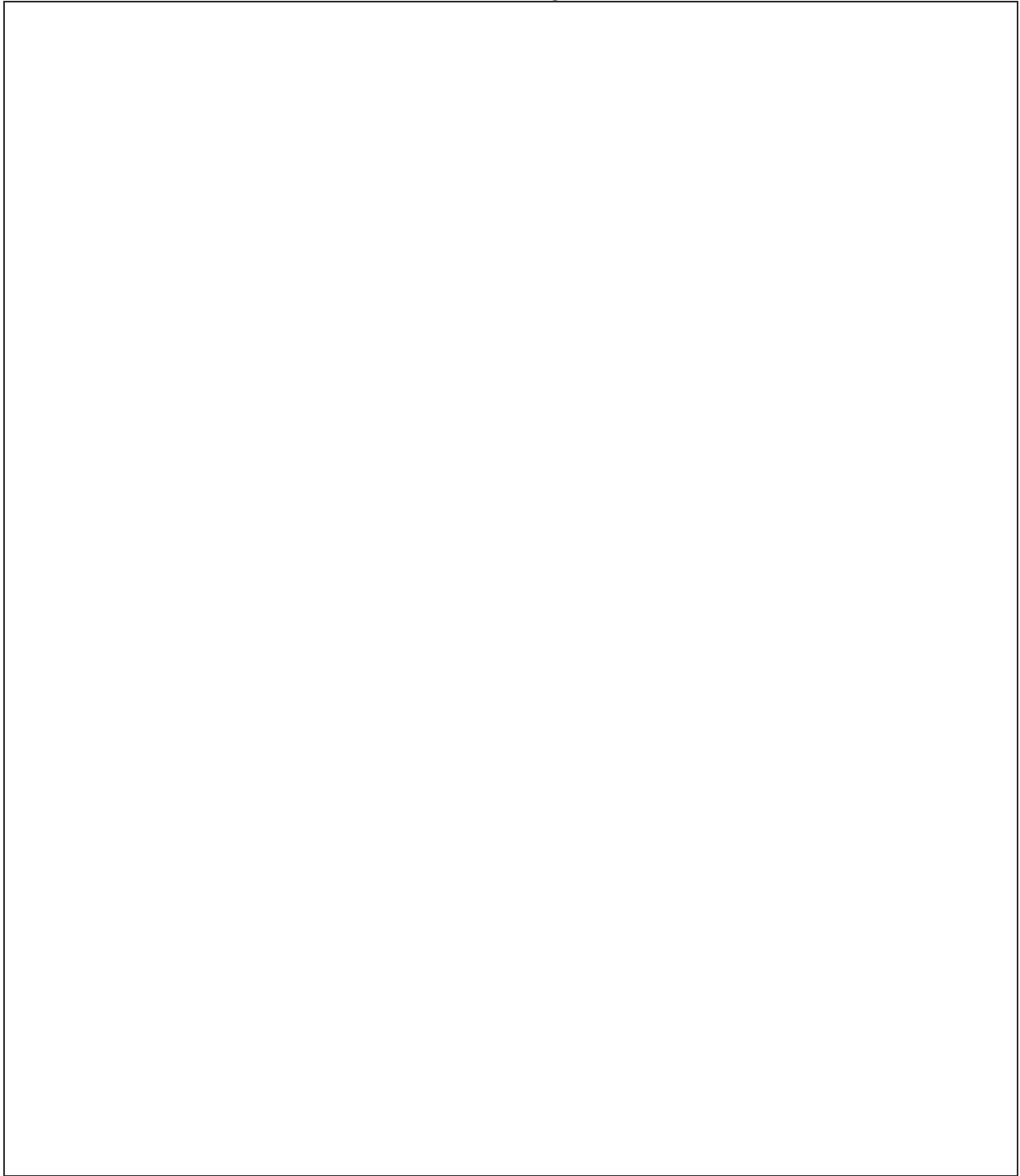
Best phone number to call:

Email:

List which MAGIC Preschool Class your child will be attending

If your child has attended the MAGIC Preschool program, please indicate how long they have attended

2. Statement: How would the scholarship affect your child's ability to attend the MAGIC Preschool Program.

A large, empty rectangular box with a thin black border, intended for the respondent to write their statement regarding the scholarship's impact on their child's ability to attend the MAGIC Preschool Program.

3. Requirements:

Amounts

My total gross family income	
My total monthly out of pocket medical expenses:	
My total monthly out of pocket therapy expenses:	
My total monthly school/daycare expenses:	

My child has a history of a developmental delay, speech/language delay and/or feeding delay	YES	NO
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When was my child diagnosed?	
What is/was my child's diagnosis?	

4. Required Signatures:

Regarding the Application, (a) the Applicant represents and warrants that the application materials are truthful and accurate in all respects, (b) the materials do not violate any law, or regulation.

Applicant certifies that this application contains no misrepresentations or falsification and the information given is true and correct to the best of my knowledge. I understand that any false statements made herein will void this application and I will be ineligible for support from the Communication Connections Scholarship Fund.

Applicant hereby authorizes the release of all information contained in this application as may be required to determine my eligibility for an award. I hereby waive my rights to review any documents pertaining to my application once submitted.

Applicants understands and consents that if he/she is selected to receive the scholarship it is not transferrable and it will be applied to each month's tuition. If the child terminates preschool enrollment prior to the end of the school year, the remainder of the scholarship money will either a) be placed back into the scholarship fund or b) the board could decide to meet again and distribute the amount to another applicant.

Application Period	March 1	April 30
Announce Awards	May 31	June 15

By signing below, I acknowledge that the information is accurate and true:

For use by the Board:

- Reviewed
- Eligible
- Awarded
- Alternate

_____/_____
Applicant Signature (Legal Guardian) Date