



HSC SCHOLARSHIP APPLICATION

The Hearing & Speech Center is pleased to offer our families a scholarship tuition assistance program. Our ability to offer scholarships is dependent upon the financial condition of the Center and available scholarship funds which HSC receives through community grants and individual donations.

ELIGIBILITY

Children are eligible for tuition scholarships if they meet the following criteria:

1. The child has a diagnosed hearing and/or speech disability and the family agrees to use HSC's audiologist and speech therapists
2. If your child has hearing loss of 55 Pure tone avg db hearing loss and greater, you will be expected to apply for the AG Bell Financial Assistance Fund. <http://www.agbell.org/parent-and-infant-financial-aid>

Eligible scholarship families with more than one child enrolled at LHSC may be awarded scholarships for each child (fill out one application for each child). Scholarship recipients should notify the Enrollment Office if their financial situation improves midyear, lessening their need for assistance. Scholarship funds do not cover the enrollment fee, annual registration fee, late pickup fee, previously paid tuition or any other financial obligation to the Center. Scholarships are available for kindergarten, preschool, and day school programs.

PARENT EXPECTATIONS

- Include a brief letter describing why the programs at HSC will benefit your child
- Seek out non-monetary opportunities to support HSC. Examples: attend and participate in the PTA, volunteer to help with a family event, volunteer to help in the office or volunteer with light handyman duties, etc...
- Complete an end of school-year review

CONFIDENTIALITY

Scholarship applications are kept strictly confidential. Financial information is reviewed only by the Center's Management Team. Scholarship decisions will be communicated to applicants by phone and mail.

MAIL/EMAIL SCHOLARSHIP APPLICATIONS TO:

The Hearing & Speech Center Attn: Laura Thomas, 350 Henry Clay Blvd., Lexington, KY 40502
laurat@hscopy.org

OR

Deliver the packet to our Main Office on the 2nd floor at 350 Henry Clay Blvd. Lexington, KY 40502

APPLICATION CHECKLIST

- ____ HSC Scholarship Application
- ____ Brief letter
- ____ Documentation of child's diagnosis
- ____ Proof of income (previous year's income tax return and two most recent pay stubs)



HSC SCHOLARSHIP APPLICATION

CHILD'S NAME:		DOB:
CHILD'S ADDRESS:		
PARENT/GUARDIAN:		PARENT/GUARDIAN:
ADDRESS:		ADDRESS:
County:		County:
PHONE: HOME: _____		PHONE: HOME: _____
CELL: _____		CELL: _____
WORK: _____		WORK: _____
RELATIONSHIP: _____		RELATIONSHIP: _____
CHILD LIVES WITH: _____ MOTHER _____ FATHER _____ BOTH _____ FOSTER _____ OTHER		
FAMILY SIZE: _____ ADULTS _____ CHILDREN		
CHILD'S DIAGNOSIS:		
THERAPIES CHILD NEEDS/RECIEVES:		
ANNUAL HOUSEHOLD INCOME \$ _____		
DO YOU OR ANYONE IN YOUR HOUSEHOLD RECEIVE ADDITIONAL FINANCIAL ASSISTANCE FROM ANY OF THE FOLLOWING--MONTHLY?		
UNEMPLOYMENT \$ _____ ALIMONY \$ _____ CHILD SUPPORT \$ _____		
SOCIAL SECURITY \$ _____ OTHER \$ _____ SPECIAL NEEDS ADOPTION PROGRAM \$ _____		
PLEASE EXPLAIN ANY SPECIAL FINANCIAL CIRCUMSTANCES AFFECTING THE FAMILY'S BUDGET AT THIS TIME:		
WHAT IS YOUR CURRENT MONTHLY CHILDCARE EXPENSES: \$ _____ PER MONTH		
I HEREBY CERTIFY THAT ALL THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT. IN ADDITION, I HAVE ATTACHED DOCUMENTATION OF MY CHILD'S DIAGNOSIS, CHILD CARE ASSISTANCE FUNDING, HEAD START APPLICATION AND PROOF OF INCOME. I ALSO UNDERSTAND THAT ANY MISREPRESENTATION OF THE INFORMATION CONTAINED IN THIS DOCUMENT DOES CONSTITUTE FRAUD AND I WILL, THEREFORE, BE REQUIRED TO REPAY ALL SCHOLARSHIP FUNDS. I UNDERSTAND THAT MY CHILD MUST NOT MISS MORE THAN FIVE (5) UNEXCUSED DAYS EACH MONTH AND THAT THE SCHOLARSHIP FUNDS DO NOT COVER MISSED DAYS NOT COVERED BY THE CHILD CARE ASSISTANCE PROGRAM.		
SIGNATURE OF PARENT/GUARDIAN:		
SIGANTURE OF PARENT/GUARDIAN:		
DATE:		



☐ YOU MAY USE THE BACK OF THIS FORM FOR YOUR PERSONAL LETTER TO THE COMMITTEE