



**BRIDGING THE GAPS**  
DYSLEXIA CENTER

## Scholarship Application

**Please fill out and return this form for consideration for a fee reduction. The information on this form will be kept strictly confidential. The center will use a sliding scale for families who qualify.**

Date: \_\_\_\_\_

Client(s): \_\_\_\_\_

Responsible Party: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Place(s) of Employment: \_\_\_\_\_

\_\_\_\_\_

Number of dependents, including yourself: \_\_\_\_\_

Gross Family Monthly Income: \_\_\_\_\_

Gross Family Yearly Income: \_\_\_\_\_

NOTE: Gross refers to taxable and nontaxable income before taxes, insurance, retirement, or miscellaneous fees are taken out. Also include any incomes from child support, unemployment, ACD, Social Security, annuities, financial aid, etc.

**Please include the following: 2 consecutive pay stubs, and supporting documentation for income verification by supplying a copy of your latest federal income tax return. (1040 form) This application cannot be reviewed without the income documentation.**

If you have special circumstances that would affect your ability to pay the full amount, please complete the following:

\_\_\_\_\_ Education expenses      \_\_\_\_\_ Handicapped/disabled  
\_\_\_\_\_ Medical expenses      \_\_\_\_\_ Transportation issues  
\_\_\_\_\_ Supporting others      \_\_\_\_\_ Other  
(Non-family or extended family members)

If you have checked any of the above, please explain:

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Scholarships are given on a 6 month temporary length basis. Applicants can submit another application with current documents to be reevaluated.

Nondiscrimination Policy: The Corporation will not practice or permit any unlawful discrimination on the basis of sex, age, race, color, national origin, religion, physical handicap or disability, or any other basis prohibited by law.

I need scholarship help for 6 months \_\_\_\_\_

Other: \_\_\_\_\_ (if less than 6 months)

I certify the above information is accurate. If it is discovered to be in error, I understand I may lose the option of reduced fees.

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Signature Date