

### Application for Scholarship

CHAT (Communication Health, Advocacy and Therapy)

Please complete all pages of this form and return with copies of the first page of **your latest tax return documents** (e.g. Form 1040) to be considered for a scholarship. Please note completion of this form does not in any way guarantee you or your child will receive financial assistance. You will be notified as soon as possible if you are eligible.

**Return form to:** CHAT  
310-D S. Main Street  
Lombard, IL 60148

Your Name: \_\_\_\_\_ Child's Name (if applicable): \_\_\_\_\_

Relationship to Child (if applicable): \_\_\_\_\_

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

Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

1. Please check off which services you are seeking:

Clinic therapy (\$130/session)

Programs, such as Language to Literacy, Leap into Literacy, and  
Social Communication Program (\$130/session x 20 sessions, \$2600 total)

2. What amount can you contribute per session? \_\_\_\_\_

3. If we are unable to provide a scholarship, please indicate if you will continue with therapy at the private pay rate.

Yes       No

4. Are you or a responsible adult able to provide transportation for your child to and from therapy?

Yes       No

**Parent/Guarantor Information**

**#1**

5. Relationship to client:

Self     Child     Spouse     Other \_\_\_\_\_

Name: \_\_\_\_\_

Employer: \_\_\_\_\_

Insurance Provider: \_\_\_\_\_

Total Income: \_\_\_\_\_

Number of children living in home: \_\_\_\_\_ Living outside home: \_\_\_\_\_

**#2 (if applicable)**

Relationship to client:

Child     Spouse     Other \_\_\_\_\_

Name: \_\_\_\_\_

Employer: \_\_\_\_\_

Total Income: \_\_\_\_\_

Number of children living in home: \_\_\_\_\_ Living outside home: \_\_\_\_\_

**Insurance Information**

6. Please check the line to indicate what insurance company your child /or yourself has, if any, and provide the policy number and group number:

Private Insurance     Medicaid     My child is/I am not covered by insurance.

Provider Name \_\_\_\_\_

Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

Subscriber's Name \_\_\_\_\_ Subscriber's DOB \_\_\_\_\_

7. Please list if there any other financial hardships/commitments that affect your ability to afford this program that you feel we should know about.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Are you willing to commit to spending 15 - 30 minutes for 3 - 4 nights per week working at home on homework to maximize progress?

Yes       No.

Reason(s):

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9. Additional Comments:

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Thank you for applying for financial assistance at CHAT.

I certify that all my answers are correct and true to the best of my knowledge.

I have enclosed a copy of my most recent tax return documents.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

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