



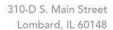


Application for Scholarship

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 Ch	nild (if applicable):
Address:	
Phone:	E-mail Address:
Evaluation (Clinic thera Programs, s	f which services you are seeking: (\$335) (\$130/session) such as Language to Literacy, Leap into Literacy, Executive Functioning, and Immunication Program (\$130/session x 20 sessions, \$2600 total) m consultation (\$45/20 minutes)
2. What amount ca	an you contribute per session or in total?
3. If we are unable private pay rate	e to provide a scholarship, please indicate if you will continue with therapy at the , listed above:
4. Are you or a res from therapy?	sponsible adult able to provide transportation for yourself or your child to and

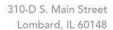




P 630.652.0200 F 630.652.0300

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Parent/Guardian 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:
Insurance Provider:
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 NameSubscriber's DOB
7. Please indicate if there any other financial hardships/commitments that affect your ability to afford these services that you feel we should know about.





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8. If applicable, 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):
9. Additional Comments:
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 (required).
Signature:
Print Name:
Dato: