

The Wiley Center For Speech and Language Development

5761 Buckingham Parkway
Culver City, CA 90230
(310) 649-6199
FAX: (310) 649-5597
www.speakla.com

SCHOLARSHIP APPLICATION

Parent/Guardian Information

Name: _____
Last First Middle

Address: _____
Street City State Zip

Telephone (Area Code and Number): _____

Cell Phone Number: (_____) _____ - _____

Social Security Number: _____ - _____ - _____ Occupation: _____

Spouse Name: _____ Spouse's Occupation: _____

TOTAL Family Income (Please include ALL sources of income wages, business income, SSI, pension & other income): \$_____.

Please attach verification of all taxable income (3 months current pay stubs and most recent tax forms for total family income for previous calendar year.)

Name of any Additional Funding Source:

_____ Amount Awarded: \$_____.

Child's Name: _____ Date of Birth: _____, 20____

Diagnosis: _____ Number of Siblings: _____

Session(s) to be Attended: _____

Special Circumstances: *(Please list and indicate AMOUNT you are able to contribute)*

Certification Statement:

I certify that to the best of my knowledge the information provided is complete and accurate. I understand that I am responsible for the balance owed on tuition and any other associated costs and expenses. The execution of this document shall not be construed as a waiver of any other documents executed by me in connection with this program. If requested, I agree to provide additional information for verification purposes.

Parent/Guardian Signature

Date

Committee Decision:

Amount Awarded: \$_____.