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Scholarship Application

It is our mission at Kingfisher Learning, Inc. to provide comprehensive, caring, and efficacious services. To help make these services available and affordable to all, I offer scholarships to a number of individuals in financial and/or educational need.

To assist in this process, I ask that you complete this form and attach a copy of your most recent tax return or, in the case of not having filed taxes last year, documentation of income, such as W-2's, 1099's, etc.

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- Name of client to receive services _____
 - Address: _____
 - Date of birth: _____
 - Is the client claimed as a dependent for income tax purposes? ___yes ___no.
 - If yes, parent or guardian name is:

 - Address:

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- Service(s) for which scholarship is being requested:
 - ___ Evaluation
 - ___ Record Review
 - ___ Consultation with Melissa M. King at Kingfisher Learning Services or at a particular school
 - If client is a student, what is the client's school and school address: _____
 - Number of people in household: _____
 - List the following information for all in household: Cash in savings _____
Checking _____, Total _____
 - Investments, including real estate: Value: \$ _____ minus debt owed
\$ _____ = \$ _____.
 - Trust fund(s): Market value: _____ Amount accessible: _____.

- If you did not file a tax return last year please give the following yearly totals for all those counted in the household for last year:
- Wages, salaries, and tips (W-2's) if available: _____
- Business/Farm/Rental income: \$_____ - expenses = _____
- Interest/Dividends (except tax-deferred retirement funds): \$_____
- Unemployment benefits: \$_____
- Social security benefits: \$_____
- Veteran's benefits: \$_____
- Other taxable income (pension, IRA, etc.): \$_____
- Aid to Families with Dependent Children (ANFC, ADC, etc.): \$_____
- Value of other benefits such as vocational rehabilitation, food stamps, fuel assistance, workman's compensation, etc.: \$_____

- The following sources may help you pay for Ascent Learning Services: your local school district, college, vocational rehabilitation, employee benefit.
Communicate any financial support received from another funding source.
- How much are you able to contribute to your own or your child's service?

- Please supply the names and numbers of two references who can support your need for assistance.

1. _____ 2. _____

- Please attach any additional information you feel is important, including any significant changes from last year's income tax return. Feel free to attach any other relevant information that you think would be helpful in determining need.

I certify that the information contained on this form or any other submission in connection with this application is correct and complete.

Signature: _____ Date: _____

Print name: _____

Home phone/work/cell phone: _____

Email address: _____