



Children's S.P.O.T.
 1912 Hayes Avenue
 Sandusky, Ohio 44870
 Phone: 419-557-7076
 Fax: 419-557-7077
 www.firelands.com

Pediatric Therapy Summer Group Scholarship Application

Financial assistance is provided to one child per group per year at this time. Summer group scholarships are provided on a first come, first serve basis and recipients must demonstrate financial need.

Scholarship applications **MUST** be returned with the Group Application. Parents will be notified of scholarship determination within 2 weeks of receipt of both applications.

The following information **MUST** be provided for the application to be considered complete:

Child's Name: _____
 Date of Birth: _____
 Parent/Guardian name: _____
 Address: _____
 Phone Number where parent can be reached during day: _____
 Group Name: _____

Family Income (please provide verification):

Type of Income: _____ Gross Monthly Amount: _____
 Type of Income: _____ Gross Monthly Amount: _____
 Type of Income: _____ Gross Monthly Amount: _____
 Type of Income: _____ Gross Monthly Amount: _____

Do you receive government financial assistance for food, rent, medical insurance, child care, education? If yes, for what? _____

Do you receive child support? ___ Yes ___ No Amount: _____

Do you receive Family Resource Funds? ___ Yes ___ No Amount: _____

Family Expenses (please provide verification):

Housing/Rent: _____ Utilities: _____ Food: _____
 Medical/Dr. bills/prescriptions: _____ Child Care: _____
 Other: _____

Please make a statement, in your own words of how this scholarship will benefit your child:

Statement of Truth:

I declare that the statements above are true and completely correct to the best of my knowledge. I understand that deception on my part will disqualify my child from receiving financial assistance for a summer group. I hereby authorize verification of information given and will provide any and all requested information needed for my financial analysis. I understand there is a 5-7 day waiting period from the time my application is received. If the required information is not furnished, I further understand that this application will be deemed incomplete and ineligible for consideration of financial assistance.

Applicant's Signature: _____ Date: _____

**Thank you for taking the time to fill out this application completely. Please return along with the completed Group Application Form to:
Firelands Children's S.P.O.T.
1912 Hayes Ave., Sandusky, Ohio 44870.**

If you have any questions, please contact 419-557-7202.