



### Scholarship Application

The Stern Center is a non-profit organization dedicated to providing quality services for people with learning differences. Through fundraising, the Stern Center offers a limited number of scholarships to those in educational and financial need. These awards are made at the sole discretion of the Stern Center.

To provide the information requested on this application, you can 1) mail or fax us the application; 2) call us and we will complete the application with you over the phone; or 3) make an appointment to come to the Stern Center and fill out the application with a staff member.

**A copy of your most recent tax return or, if you did not file taxes last year, other documentation of income (W-2's, 1099's, etc.), must accompany this application.**

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1. Name of client to receive services: \_\_\_\_\_ Date of birth: \_\_\_/\_\_\_/\_\_\_

2. Is the client claimed as a dependent for income tax purposes? \_\_\_\_\_

If yes, include parent/guardian name: \_\_\_\_\_

3. Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Service(s) for which scholarship is requested: \_\_\_ Evaluation \_\_\_ Instruction

5. If a student, school and location: \_\_\_\_\_

6. Number of people in your household: \_\_\_\_\_

7. Please give the following information for **ALL** in the household:

Cash in savings: \$ \_\_\_\_\_ + checking: \$ \_\_\_\_\_ = total: \$ \_\_\_\_\_

Investments including real estate (do not include tax-deferred retirement funds):

Value: \$ \_\_\_\_\_ -- debt owed: \$ \_\_\_\_\_ = net: \$ \_\_\_\_\_

Trust fund(s): Market value: \_\_\_\_\_ Amount accessible: \_\_\_\_\_

(Please comment on trust restrictions and ability to withdraw principal.)

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**8. 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 (from W-2's, if available): \$ \_\_\_\_\_  
 Business/Farm/Rental income: \$ \_\_\_\_\_ -- Expenses: \$ \_\_\_\_\_ = Net:\$ \_\_\_\_\_  
 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: \$ \_\_\_\_\_

9. Following are sources that may help you pay for Stern Center services. **The Stern Center cannot award scholarship unless the appropriate sources have been exhausted. We reserve the right to request written confirmation of refusal.**

<u>Source</u>	<u>Checked?</u>	<u>Help pay?</u>	<u>How much?</u>
Local school district (clients under 18 only):	_____	_____	_____
Vocational rehabilitation (adult clients only):	_____	_____	_____

10. How much are you able to contribute for your/your child's service? \_\_\_\_\_  
 What is the source of this contribution? \_\_\_\_\_

11. Please supply the names and phone numbers of two references who can support your need for scholarship assistance:

1. \_\_\_\_\_
2. \_\_\_\_\_

12. Please attach any additional information you feel is important, including any significant changes from last year's income tax return.

**I certify that the information contained on this form or any other submission in connection with this application is correct and complete to the best of my knowledge.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Print name:** \_\_\_\_\_ **SSN:** \_\_\_\_\_-\_\_\_\_-\_\_\_\_\_

**Home phone:** \_\_\_\_\_ **Work/cell phone:** \_\_\_\_\_

**Please return application WITH A COPY OF YOUR MOST RECENT TAX RETURN to the Stern Center Scholarship Committee at 135 Allen Brook Lane, Williston, VT 05495. Or, fax to 802-878-0230.**