



Stern Center

for Language and Learning

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.

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.)

OVER →

8. Child Support received during the past 12 months: \$ _____

9. 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: \$ _____

10. 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):	_____	_____	_____

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

12. Please supply the names and phone numbers of two personal references:

1. _____
2. _____

13. Please submit with this application a brief statement explaining your/your child's needs and how you/he or she would benefit from services at the Stern Center.

14. 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: _____

Email: _____

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.