

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 FORM

Parent/Guardian Information

Name _____
Last First Middle

Address _____
Street City State Zip Code

Telephone (Area Code & Number) _____

Cell Phone Number _____

Social Security Number _____ Occupation _____

Spouse Name _____ Spouse Occupation _____

Family Gross Income _____
Please attach verification of income (W-2, or 1099 or last 3 months of paycheck stubs.)

Child's Name _____ Date of Birth _____

Diagnosis _____ Number of Siblings _____

Session(s) to be Attended _____

Name of Primary Funding Source _____ Amount Awarded _____

Parent Responsibility _____

Special Circumstances: (Please explain in detail and include dollar amount you are able to pay)

Special Circumstances continued:

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: _____

Committee Chair: _____