

SCHOLARSHIP APPLICATION TEACH SOCIAL SILICON VALLEY (TSSV)

Scholarships are based on available funds and the “need” for both children and adults with social learning differences. These funds may be used to obtain Social Thinking services within Silicon Valley. To be considered for scholarship funds, please return this form along with a copy of your most recent tax return and last 2 pay stubs for each working family member. Applications will be processed as soon as possible and individuals or families will be notified by phone or email. No monies will be sent directly to the family, but instead will be used to pay for services at the therapy center. Funds will be given in the form of a 25%, 50% or 75% fee reduction. You must re-apply each enrollment period/session.

Some families have successfully secured full or partial coverage for speech & language therapy, and although Social Thinking clinics do not contract with health insurers, families may be reimbursed by health insurance for some or all of the cost. If you need assistance to pursue this with your health insurer, please let us know. We’ll provide referrals.

I would like referrals to assist me in requesting coverage from my health insurance provider.

Please initial here if a school district, Regional Center, and/or Department of Mental Health (26.5) have NOT authorized reimbursement for any portion of this therapy. (Do not initial if reimbursement has been authorized).

NAME(s) of person(s) to be considered for TSSV Scholarship: _____

Address: _____ City: _____ Zip Code: _____

PHONE (Daytime): _____ PHONE (Evening): _____

EMAIL ADDRESS: _____

Would you prefer to be notified by: EMAIL or PHONE (Circle: ‘Daytime’ or ‘Evening’ phone)?

NAME of your health insurance provider: _____

Number of individuals in your Household: _____ Number with Social Learning Challenges: _____

Is anyone providing reimbursement for this therapy? Yes No

Any special circumstances to be considered? _____

Federal Adjusted Gross Income from your last tax return: \$ _____

Attach copies of last 2 pay stubs for each working family member & tax return for this application to be considered.

Under penalty of perjury, I certify that the information provided herein is correct.

Signature: _____

Date: _____

Eligibility Guidelines: If your Federal Adjusted Gross income is higher than the amounts specified, you are not eligible for a scholarship

# in Household	75% Discount	50% Discount	25% Discount
1	\$22,050 & Below	\$36,750 & Below	\$53,000 & Below
2	\$25,200	\$42,000	\$60,600
3	\$28,350	\$47,250	\$68,150
4	\$31,500	\$52,500	\$75,700
5	\$34,050	\$56,700	\$81,800
6	\$36,550	\$60,900	\$87,850
7	\$39,100	\$65,100	\$93,900
8	\$41,600	\$69,300	\$99,950

Note: Families enrolling more than one child will be given special consideration in this process.

Office Use only: HH ____ MF ____ = ____ PD ____ Date Notified _____

Initials ____ STSC ____ STSR ____ O ____ FPS _____ v.6.11