

Educational Special Needs Services

PO Box 17751 ~ Tucson, AZ ~ 85731-7751

520-272-4020

Scholarship Request (6/08)

Educational Special Needs Services is supported by private tax deductible donations and client fees. All fees are on a sliding scale (depending on available scholarship funds) based on your yearly adjusted gross income (*combined for 2 wage earners) and the specific charge for the service provided. Scholarships will be granted for a one year term, however, families may re-apply annually.

YEARLY ADJUSTED GROSS INCOME* & SLIDING SCALE SCHOLARSHIP ASSISTANCE

Less than \$20,000	50%	\$45,001 - \$50,000	20%
\$20,001 - \$25,000	45%	\$50,001 - \$55,000	15%
\$25,001 - \$30,000	40%	\$55,001 - \$60,000	10%
\$30,001 - \$35,000	35%	\$60,001 - \$65,000	05%
\$35,001 - \$40,000	30%	\$65,001 and above	00%
\$40,001 - \$45,000	25%	*combined for 2 wage earners	

Educational Special Needs Services operates as a non-profit corporation. We are aware that parents with children who have special academic needs can face overwhelming financial burdens and that most services are rarely covered by any type of insurance. Our desire is that all children will receive the guidance and support that they need in order to be successful in school. We desire that no child be deprived of services due to financial need, thus parents/guardians may apply for additional scholarship assistance (depending on available funds). Extenuating Circumstances Scholarships are limited to 25% for 3 months (families may re-apply) with an annual cap of \$500.00 per family. Additionally, families receiving services for more than two children (concurrently) may receive additional aid.

Based on my/our yearly gross income I/we request _____% scholarship assistance as noted on the sliding scale (your information must be updated annually). Due to extenuating circumstances I/we request additional scholarship assistance in the amount of _____% (see restrictions above). Please provide a brief description of your extenuating circumstance(s) below.

I/we, the undersigned, verify that the information given on this Scholarship Request is accurate.

Parent/Guardian Name(s) _____

Billing Address/City/State/Zip _____

Phone Number/E-mail _____

Parent/Guardian Signature(s) _____ Date _____

YOU MUST INCLUDE A COPY OF YOUR CURRENT YEAR'S 1040 - PAGES 1 & 2

RETURN COMPLETED FORM TO THE ESNS OFFICE