



The Herbert H. &
Grace A. Dow College of
Health Professions

Department of Communication Sciences and Disorders
Summer Speech-Language Specialty Clinics
Financial Assistance Request Form

Child's Name _____ Birth date _____ Age _____

SSC may be able to offer limited partial scholarships to campers based on financial need and availability of funds donated by our generous community groups and individuals. To request funding for your child to attend SSC, please complete this form and mail to MaryBeth Smith, SSC Director, 2189 Health Professions Building, Mount Pleasant, MI 48859. Please note, that unfortunately, we may not be able to grant all campers that request financial aid a scholarship.

PARENT/ GUARDIAN CONTACT INFORMATION
Parent/Guardian Name:
Parent/Guardian Address:
Parent/Guardian Phone:
Parent/Guardian E-mail Address:

PARENT/GUARDIAN HOUSEHOLD AND FINANCIAL INFORMATION	
Total number of persons living in your household:	
Monthly Gross Income for those responsible for SSC fees:	
Total yearly amount of household income:	
Have you requested a scholarship from SSC before?	
Does your child receive free or reduced fees for lunch at school?	
Do you have any special circumstance that you would like us to consider?	
<input type="radio"/> I certify that the above information is true and complete to the best of my knowledge.	
Signature:	Date:

For SSC Director use
<input type="radio"/> Financial Scholarship Awarded in the amount of _____
<input type="radio"/> Financial Scholarship not available