



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 AnnMarie Bates, SSC Coordinator, 2188 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.

| <b>PARENT/ GUARDIAN CONTACT INFORMATION</b> |
|---|
| Parent/Guardian Name:                       |
| Parent/Guardian Address:                    |
| Parent/Guardian Phone:                      |
| Parent/Guardian E-mail Address:             |

| <b>PARENT/GUARDIAN HOUSEHOLD AND FINANCIAL INFORMATION</b>   |       |
|--|-------|
| 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                  |