



## **Application for Financial Assistance**

**Today's Date:**

**Desired Start Date for Treatment to begin:**

To be considered for assistance, you must complete the entire application. All recipients of an AIS scholarship are required to perform a minimum of 20 hours of volunteer work at AIS. Since funding is limited, to qualify for a scholarship at AIS all other means of financial assistance must be exhausted, such as insurance and VESID.

**Type of assistance seeking (Check one):**

**Scholarship for intensive program (Fee= \$4,400.)**

Amount currently able to pay \$\_\_\_\_\_

Amount of assistance you are applying for\$\_\_\_\_\_

**Reduced rate for an Evaluation (Fee= \$450.)**

Amount currently able to pay \$\_\_\_\_\_

Amount of assistance you are applying for\$\_\_\_\_\_

Would you be willing to volunteer around the office? \_\_\_\_\_

**Sliding Scale for individual therapy (Fee= \$105. for 45min/\$140. for 1 hour)**

Amount currently able to pay \$\_\_\_\_\_

Amount of assistance you are applying for\$\_\_\_\_\_

Would you be willing to volunteer around the office? \_\_\_\_\_

**Applicant's Name (person who is to be treated):**

(Please Print)

**Age:**

**Address:**

**Name(s) of Parents(s) or Guardian(s):**

**Address (if different):**

**Phone number(s):**

**Email address:**

**Financial Information (Confidential):**

Total Family Income of Household:

Self, Parent(s), or Guardians(s) Place of employment:

Number of years employed at present job:

Number of Dependents:

I agree that all the information on this form is accurate to the best of my knowledge.

---

Sign Name

Print Name

Date

## **Essay Section**

To be written by the applicant, Parent(s), or Guardian: Please write a brief statement indicating why you wish to apply for the financial assistance (You can either attach your written statement to this application or write it on the back of this page). If applying for the intensive program, please write about why you want to participate in this program. Take your time and think about your speech and why you want to work on it, what stuttering means to you, what you hope to gain from treatment, etc.

Thank you for taking the time to complete this application. Applications must be completed in their entirety in order to be considered.