



Financial Assistance Application Form

The ***“Freeing Voices, Changing Lives”*** Scholarship Fund is made possible through individual and corporate donor support. Since funding is limited, to qualify for a scholarship at AIS, all other means of financial assistance must be exhausted, such as insurance and vocational rehabilitation services.

We offer various treatment options including **1-Week Immersion Programs for Adults and Teens, a variety of specialty workshops, and individual therapy sessions.** We conduct **full evaluations** for children, and **consultations** for adults before beginning treatment.

Please fill out **all 4 Sections of the Application** and be sure to submit all supporting documentation (*incomplete applications will not be considered*).

Person filling out the Application: _____

Relation to the Applicant: _____

Date: _____

Section 1 - Applicant Information *(Please print)*

Name (who this therapy is for): _____

Date of birth: _____

Address: _____ Apt # _____

Phone number(s): _____

Email address: _____

Section 2 - Type of Assistance Sought

Check the service(s) you are interested in and indicate the portion of the fee you are able to pay.

SERVICES FOR ADULTS

Individual Services

___ **Consultation** (\$200) Currently able to pay \$_____

___ **Individual Therapy** (\$160) Currently able to pay \$_____

Group Services

___ **1 Hour** (\$80) Currently able to pay \$_____

___ **1 ½ Hour** (\$120) Currently able to pay \$_____

___ **1-Week Immersion Program** (\$2,500) Currently able to pay \$_____

___ **1-Day Workshop** (\$350) Currently able to pay \$_____

___ **Other** (*Specify the offering you are applying for) Currently able to pay \$_____

**see AIS website for other offerings and dates | www.stutteringtreatment.org*

SERVICES FOR CHILDREN/TEENS

Individual Services

___ **Consultation** (\$200) Currently able to pay \$_____

___ **Full Evaluation and Report** (\$625) Currently able to pay \$_____

___ **Individual Therapy** (\$160) Currently able to pay \$_____

Group Services

___ **1-Week Teen Immersion Program** (\$1,800) Currently able to pay \$_____

___ **1-Hour Group Therapy** (\$80) Currently able to pay \$_____

___ **Other** (*Specify the offering you are applying for) Currently able to pay \$_____

**see AIS website for other offerings and dates | www.stutteringtreatment.org*

Section 3 – Financial Information *(this information will be kept confidential)*

Please include a copy of your most recent tax return and two of your most recent paycheck stubs. If applicable, please submit documentation of sources of other income (i.e., Disability, Social Security, Educational Grant, Support from Relatives, etc.)

Gross family income per month \$ _____

Place of employment (for self, parent(s), and/or guardian) including telephone number:

Number of years employed at present job: _____

Number of dependents: _____

I confirm that I have inquired with my healthcare insurance provider and am not eligible for stuttering therapy _____ (initial here)

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

Sign Name

Print Name

Date

(Continue to Section 4) 

Section 4 – Financial Narrative *(to be written by the applicant, parent, or guardian)*

Please provide a personal narrative that describes in detail your personal financial situation. Be sure to specify any additional sources of income not reflected in your tax documents (i.e., State or Federal Assistance, help from family members, etc.). Describe any special financial circumstances that you would like the committee to consider while reviewing your application.

Submit your application to:

American Institute for Stuttering
27 West 20th Street, Suite 1203
New York, NY 10011

Any Questions? Email: speakfreely@stutteringtreatment.org | Phone: (212) 633-6400 | Fax: (212) 220-3922