



27 W 20th Street, Suite 1203 · New York, NY 10011  
(212) 633-6400 · www.stutteringtreatment.org

## **Application for Freeing Voices, Changing Lives** **Financial Assistance Program**

To be considered for assistance, you must complete the entire application. 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. Send your complete application to our New York office via mail (address in header), fax - (212) 220-3922, or email – [speakfreely@stutteringtreatment.org](mailto:speakfreely@stutteringtreatment.org).

Your name: \_\_\_\_\_

Have you previously corresponded with a member of the AIS staff about your need for financial assistance?

Yes \_\_\_\_ No \_\_\_\_ With whom? \_\_\_\_\_

### **Type of Assistance Sought**

AIS offers various treatment options including **1-week immersion programs** and **weekly individual therapy sessions**. To start either option, adults must complete an initial consultation. For children, an evaluation is completed before beginning treatment.

Please provide the information below for the treatment option(s) that you are seeking:

#### ***Services for teens/adults:***

##### **Reduced rate for a consultation (fee= \$200)**

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

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##### **Reduced rate for a 1-week immersion program (fee= \$2,500 Adults / \$1,800 Teens)**

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

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##### **Reduced rate for weekly individual therapy sessions (fee= \$160 each)**

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

**Services for Children:**

**Reduced rate for fluency evaluation (fee= \$625)**

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

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**Reduced rate for weekly individual therapy sessions (fee= \$160 each)**

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

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**Applicant Information** *(Please print)*

Name (who this therapy is for):

Date of birth:

Address:

Phone number(s):

Email address:

**Financial Information** *(this information will be kept confidential)*

**Please provide a copy of your most recent federal tax return and two current paycheck stubs.**

Total income of family household:

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

Number of years employed at present job:

Number of dependents:

I assert 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, or guardian)*

Please write a brief statement indicating why you wish to apply for financial assistance. You may either attach your written statement to this application or write it below and on the back of this page.

If applying for the one-week immersion 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.