



Tree House Scholarship Application

Name: _____ Relationship to Child: _____

Phone: _____

of adults in household: _____

of children in household: _____

Family Income (check one): _____ \$0 - \$16,753 _____ \$16,754 - \$24,280 _____ \$24,281 - \$32,920
 _____ \$32,921 - \$41,560 _____ \$41,561 - \$50,200 _____ \$50,201 - \$58,840 _____ \$58,841 - \$67,480
 _____ \$67,481 - \$76,120 _____ \$76,121+

Child(ren)'s First & Last Name	Date of Birth	Race	Developmental delays/ Medical issues

Is your child currently enrolled in a Home Visiting Program: **Yes / No**

Are you or your spouse active in the military: **Yes / No**

Are any of the children on your application foster children: **Yes / No**

Please check any of the following services you or your child are receiving at this time:

_____ Speech Therapy _____ Occupational Therapy _____ Physical Therapy _____ Early On

_____ Copper Country Mental Health

Are there any other circumstances we should consider while reviewing your application:

Referred by: _____

Signature: _____ Date: _____

Staff Approved: _____	Date: _____
Dates of Membership: _____	