



Tree House Scholarship Application

Name: _____ Relationship to Child: _____

Phone: _____ Email: _____

Please notify me about scholarship application by (circle one) phone / email.

Of adults in household: _____ **# Of children in household:** _____

Family Income (check one): _____ \$0 - \$17,420 _____ \$17,420-\$26,130 _____ \$26,130 - \$32,227

_____ \$32,227 - \$43,920 _____ \$43,920 - \$53,000 _____ \$53,000 - \$62,080 _____ \$62,080 - \$71,160

_____ \$71,160-\$80,240 _____ \$80,240+

| Child(ren)'s First & Last Name | Date of Birth | Developmental delays/ Medical issues |
|--------------------------------|---------------|--------------------------------------|
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Please answer the following questions to help us determine eligibility.

- 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**
- My child are currently receiving the following services: (Please check all that apply.)
 _____ Early On _____ Occupational Therapy _____ Physical Therapy
 _____ Speech Therapy _____ Copper Country Mental Health _____ ISD

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

Referred by: _____

Parent/Caregiver Signature: _____ Date: _____

| Office Use Only | | | |
|-----------------|-------------|----------------------------|----------------------|
| Approved: _____ | Date: _____ | Dates of Membership: _____ | Staff Initials _____ |
| Notes: | | | |