

Albuquerque **Speech Language Hearing** Center
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Speech Scholarship Application

Please Submit With All Required Documentation

Name of Client: _____

Date of Birth _____ Age _____ Sex F M Social Security # _____

Parents / Guardian (if under 21) _____

Address: _____

Home Phone _____ Work Phone _____

Name of Closest Relative or Friend _____

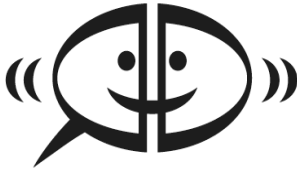
Address: _____

_____ Phone _____

Health Insurance coverage, if any, including Medicare or Medicaid _____

To ensure that applications are completed in a timely manner, all lines must be completed and submitted with the required documentation. Any application that has not been completed within thirty days of submission will be disposed of and will require a new application.

Required documentation if applicable: most recent tax return, most recent bank statements, last thirty days pay stubs, last thirty days unemployment benefit stubs, most recent pension and or Social Security check stub, most recent proof of public assistance and proof of any real estate income.



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Number of people in household _____ Adults _____ Children _____

Income

Household Member #1 Household Member #2 Household Member #3

Income from Employment: _____

Income from Unemployment _____

Income from Sale or Rent of
Property. _____

Income from Pension

Income from Social Security _____

Income from Public Assistance _____

Other Income _____

Total Income _____

Scholarship % _____ Approved on _____

Client / Responsible Party _____

Date Submitted _____

Director of Department _____

Date Submitted _____