



Albuquerque **Speech Language Hearing** Center

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 30 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 30 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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Total number of people in household: _____ Adults: _____ Children: _____

INCOME	Head of Household #1	Household Member #2	Household Member #3
Income from Employment			
Income from Unemployment			
Income from Rental or Sale of Property			
Income from Pension			
Income from Social Security			
Income from Public Assistance			
Other Income			
Total Income			

Scholarship % _____ Approved on _____

Client/ Responsible Party Signature

Date Submitted

Director of Department

Date Submitted