



Scholarship Application 2010

Please consider my child: _____

Mother: _____ Home Phone: _____

Father: _____ Home Phone: _____

Mailing Address: _____

City/State: _____ Zip: _____

E-mail:

If parents do not live together, please include other parent's information on separate sheet.

Additional Information required for application:

- 1. A letter stating your child's individual educational needs.**
- 2. Mark the annual family income that applies to your household.**
- 3 A Completed Learning Camp application must also be submitted with this application**

\$10,000 - \$25,000 ___ \$26,000 - \$35,000 ___

\$36,000 - \$50,000 ___ \$51,000 and up ___

Please attach previous two years copy of tax returns for verification.

Upon Receipt of the application The Learning Foundation will review your request and notify you of our ability to assist in your educational needs. Our determination will combine date application was received and the needs assessment of child and the financial needs of the family. Deadline for Application is April 15, 2010

The Learning Foundation is a 501-C3 nonprofit organization designed to provide additional funding for alternative education, for children with learning disabilities.

Signed: _____ Date: _____