



## Scholarship Application

Please complete this form and submit it with all other supporting materials. Applicants may be awarded financial assistance for one successive quarter, based on family and/or individual needs. Quest Kids will make every attempt to provide assistance. Scholarship awards are subject to availability. Completing a scholarship application does not guarantee financial assistance. Your application will be reviewed by the Quest Kids Scholarship Committee, and you will be contacted with the decision. Incomplete applications will not be considered.

Child's Name \_\_\_\_\_

Number of Therapy Hours/Week Requested \_\_\_\_\_

Number of Intern Hours/Week Requested \_\_\_\_\_

### Payment Responsibility

This entire section applies to the person responsible for payment of Quest Kids fees.

#### A. Responsible for Payment

Name \_\_\_\_\_ Parent \_\_\_\_\_ Guardian \_\_\_\_\_ Other \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Social Security Number \_\_\_\_\_

#### B. Place of Employment \_\_\_\_\_

Position \_\_\_\_\_

#### C. Dependents - Please list **ALL** individuals who are dependents of the responsible party:

Name \_\_\_\_\_ Age \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Relationship \_\_\_\_\_

#### D. **Monthly** Household Income - Please enter the **TOTAL** household income for the responsible party: *(When comparing the financial circumstances of families applying for financial aid, Quest Kids will consider the income of both natural parents. If either parent has remarried, Quest Kids will only consider the income of the custodial parent, as long as the custodial parent's income reflects all child support and alimony receipts.)*

(Continued)

1. Salaries and Wages \$ \_\_\_\_\_  
 2. Other Income \_\_\_\_\_ \$ \_\_\_\_\_  
 (disability, social security, retirement, unemployment, etc.)  
**Total Gross Monthly Family Income** \$ \_\_\_\_\_

E. **Adjusted Gross Household Income** \$ \_\_\_\_\_  
 Recorded in **most recent** Federal Income Taxes\*

F. **Household Expenditures**  
 Rent Own Monthly Payment: \$ \_\_\_\_\_  
 Other Monthly Payments: Student Loans: \$ \_\_\_\_\_ Childcare: \$ \_\_\_\_\_  
 Utilities (Water/Power, etc.): \$ \_\_\_\_\_ Other (Specify) \_\_\_\_\_ \$ \_\_\_\_\_

G. **State Scholarships**  
 Gardiner Scholarship McKay Scholarship \$ \_\_\_\_\_

*\*Copy of most recent federal income tax filing **MUST** be included. If your deductions were itemized (including medical expenses), please also provide a copy of Schedule A. If income taxes were not filed, please include a copy of your W-2 and/or most recent Social Security benefit statement. Pay stubs from the last two months also need to be included. If receiving Gardiner or McKay Scholarships, please submit a copy.*

Please explain why financial aid is necessary at this time (noting any unusual or special circumstances that may require consideration).\*\*

\*\*Attach support documentation such as unemployment check stub, etc.

## Authorization

I understand that I must **maintain 85 percent attendance** of scheduled sessions; I must **call to cancel at least 24 hours in advance**; I **must** make timely payment of all financial obligations, meet attendance criteria, follow clinical advice outside of the center and adhere to all Quest Kids policies. Scholarships are only provided if balances are zero at the start of the new scholarship period unless other payment arrangements have been documented in writing and are being paid as scheduled. Scholarships are subject to additional conditions outlined in a scholarship award letter. Failure to meet any requirement could result in forfeiture of scholarship award.

I certify that the statements and information made in this application are true and correct to the best of my knowledge. I acknowledge that any false statements made in this disclosure will result in immediate revocation of the scholarship funding and an obligation on the part of the individual responsible for payment to reimburse Quest, Inc. for all scholarship funds provided.

Completed By: Parent Guardian Other \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Mail completed financial aid form to: **Quest Kids Office Manager, 500 E. Colonial Dr., Orlando, FL 32803**

For questions regarding financial aid, please contact Quest Kids at 407.218.4340.