

**SPEECH AND LANGUAGE CENTER OF NORTHERN VIRGINIA**

1125 Savile Lane  
McLean, Virginia 22101  
FAX: (703) 356-2311

www.dolleymadisonpreschool.org

**Dolley Madison Preschool**  
(703) 356-1351

www.slcnv.org

**Speech & Language Services**  
(703) 356-2833

**SCHOLARSHIP APPLICATION – CONFIDENTIAL**

DATE: \_\_\_\_\_

All Dolley Madison Preschool (DMPS) and Speech and Language Services (S&L) applications are strictly confidential. Your application will be reviewed by a scholarship committee and presented to the Board with no identifying information.

Scholarship funds are generously donated by Immanuel Presbyterian Church and also raised through fundraising efforts at the Center (DMPS and S&L). A full or partial scholarship is paid depending on financial need and funds available. Scholarship funds are allocated for a specified period of time to be determined by the Board. If more time and or funds are requested, the application process will need to be repeated and reviewed by the Scholarship Committee and Board at the next meeting. The Board follows guidelines based on Fairfax County median income, funds available and the specific needs of the child.

Upon decision, you will be notified by letter from the President of the Board of Directors. A copy of all records will also be placed in your child's file at school.

1. Amount available for child's speech and language fees from parent/guardian per month:  
\$ \_\_\_\_\_
2. Type of service requested:  
 class based therapy    evaluation    outpatient therapy   \_\_\_\_ hours/week
3. Duration of services requested (i.e., number of sessions, months, etc):  
\_\_\_\_\_
4. Please attach a written statement as to why your child needs to receive financial assistance. Please include any special family circumstances about which the Scholarship Committee should be informed: for example – special education requirements of dependents, illnesses, divorce, etc. A copy of current speech and language evaluations or progress notes should also be attached.

Child's Initials: \_\_\_\_\_

5. Income Information:

Yearly income and wages for parent/guardian 1 - \$ \_\_\_\_\_  
Yearly income and wages for parent/guardian 2 - \$ \_\_\_\_\_

6. Source of other possible funds:

CHAMPUS \_\_\_\_\_ Private Insurance \_\_\_\_\_  
State or Local Assistance \_\_\_\_\_  
Diplomatic Funds \_\_\_\_\_  
Other \_\_\_\_\_

7. Indicate: Own \_\_\_ or Renting \_\_\_ home.

Length of residence in area: \_\_\_\_\_.

8. Name of Child: \_\_\_\_\_ Age: \_\_\_\_\_

9. Father or male guardian: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Position/Title: \_\_\_\_\_  
Length of present employment: \_\_\_\_\_  
Business phone: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_

10. Mother or female guardian: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Position/Title: \_\_\_\_\_  
Length of present employment: \_\_\_\_\_  
Business phone: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_

11. Other dependant children and adults:

Name:	Age:	School or Occupation
-------	------	----------------------

_____	_____	_____
_____	_____	_____
_____	_____	_____

Your signatures indicate a complete and truthful representation of all information on this document. We expect each parent to contribute as much as possible to their child's education and therapeutic needs.

Signature of parent/guardian 1: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of parent/guardian 2: \_\_\_\_\_ Date: \_\_\_\_\_