



Email: information@latetalkers.org

FAX 616-866-9458

Late Talkers, 104 Kenner Ave #301, Nashville, TN 37205

Aberasturia Scholar Application

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Family Applicant * *The Late Talkers Foundation is happy to have this opportunity. Thank you for your application.*

Parent(s) Name <i>(First, Last)</i>			
Child's Name <i>(First, Middle, Last)</i>		Birth Date <i>(Month DD, YYYY)</i>	
Address		City	State
		ZIP Code	
Phone	Household Size (Patient, Spouse and Dependents)		
Employment Status Full Time Part Time Self Employed Unemployed Student		Employer Name	

Dependents (If more than 6 dependents use separate page)

Full Name	Relationship	Birth Date <i>(Month DD, YYYY)</i>
1.		
2.		
3.		
4.		
5.		
6.		

Please estimate/describe the following sources of income

Income Description	Source	Amount
Wages (Adjusted Gross Income from 2015 taxes)		
Other (e.g. disability payment, other sources, etc.)		

Your Reason(s) For Applying. It is the aim of this this scholarship to empower, inform, and help families to learn about their late talking child. It is vital for families to receive accurate information and have a clear understanding of how to support their child. Parents are uniquely capable of providing for optimal environments of learning, growth, and enjoyment across settings and over time. Whether it be at home, school, with playmates, or with families members, when insight is paired with a parent's love, concern, and expertise, wonderful things happen for children and families. Please include with your application your reasons for applying for this scholarship. Please keep your write up to 2 pages or less.

___ I certify that all information listed is true and correct to the best of my knowledge.

___ I understand that the information is to be used to determine the awarding of the Aberasturia Scholarship

___ I understand that I am submitting this information for review. SIGNATURE: _____ DATE: _____

* PLEASE PRINT OFF THIS APPLICATION, COMPLETE, AND SUBMIT TO LATE TALKERS FOUNDATION (**LTF**) VIA FAX, EMAIL, OR REGULAR MAIL. PLEASE MARK IT TO THE ATTENTION OF "ABERASRTURIA SCHOLARSHIP". **LTF** WILL CONFIRM RECEIPT OR YOUR APPLICATION WITHIN 5 DAYS. PLEASE CONTACT **LTF** IS YOU DO NOT RECEIVE CONFIRMATION.