The Children's TherAplay Foundation, Inc.

2026 Scholarship Application

Submission Deadline

Please return the completed application to the front office **by 5:00 PM on Tuesday, December 1, 2026.**

(A separate application is required for each child)

Date of Application: _____

Important Notice:
This application will **NOT** be reviewed without **ALL** required documentation.
I understand that the scholarship is not effective until approved, and that during the interim, the full fee-for-service amount will be the responsibility of the patient.

Patient Information

Patient Name: _____
Date of Birth: _____

Type of services currently being received:
☐ Physical Therapy ☐ Occupational Therapy ☐ Speech Therapy

Household Demographics

- **Annual Household Income:** $_____
- **Number of Full-Time Residents in Household:** _____
- **Number of School-Age Children:** _____
- **Number of Children in Childcare:** _____

Parent/Guardian Information

Parent/Guardian 1

- **Name:** _____
- **Home Address:** _____
- **City, State, ZIP:** _____
- **County:** _____
- **Phone (Home):** _____
- **Phone (Work):** _____
- **Cell:** _____
- **Email:** _____

Parent/Guardian 2

- **Name:** _____
- **Home Address:** _____
- **City, State, ZIP:** _____
- **County:** _____
- **Phone (Home):** _____
- **Phone (Work):** _____
- **Cell:** _____
- **Email:** _____

Insurance Information

Insurance Provider 1

- **Insurance Company:** _____
- **Policy/Group #:** _____
- **Address:** _____
- **City, State, ZIP:** _____
- **Telephone:** _____
- **Insured's Name:** _____
- **SSN #:** _____
- **Date of Birth:** _____
- **Relationship to Client:** _____

Insurance Provider 2

- **Insurance Company:** _____
- **Policy/Group #:** _____
- **Address:** _____

- **City, State, ZIP:** _____
- **Telephone:** _____
- **Insured's Name:** _____
- **SSN #:** _____
- **Date of Birth:** _____
- **Relationship to Client:** _____

Narrative Question

Please explain why co-payments have become burdensome and potentially prohibitive to your continuation of care at The Children's TherAplay Foundation, Inc., and how assistance from the Scholarship Fund may help alleviate your family's financial barriers:

Required Attachments

☐ I have included my most recent **Federal and State tax returns** (only the first and last pages are required).

Important: In the event of shared or joint custody, *all custodial parties* must attach copies of their most recent federal and state tax returns.

Scholarship Billing Policies

The Children's TherAplay Foundation, Inc.

As a recipient of the Scholarship Program, I understand the following:

- The average fee for physical, occupational, and speech therapy services ranges from **$150.00–$280.00 per session**. The Children's TherAplay Foundation, Inc. Scholarship Program is made possible through generous contributions from **dedicated donors**. Once my Scholarship Application has been completed and processed, a determination
- will be made regarding my out-of-pocket payment for each date of service.

    1. I understand that I may be responsible for my **co-payment or co-insurance amount** on every date of service.
    2. I understand that I am responsible for my **insurance contractual payment amount** while meeting my patient deductible.
    (Note: If you need assistance obtaining this information, it can be found on your insurance Explanation of Benefits [EOB].)

- Applicants will be notified of the **final determination by email within 30 days** of receipt of their application.

Acknowledgment and Signature

I have received, read, understand, and agree to comply with The Children's TherAplay Foundation, Inc. Scholarship Policies listed above.

Signature: _____

Date: _____

One copy is for your records. A second signed copy must be returned to The Children's TherAplay Foundation, Inc.

End of Page 3

Administrative Use Only

(Optional: This page can be used for internal notes, approval signatures, or processing details.)

Application Received By: _____

Date Received: _____

Reviewed By: _____

Determination: ☐ Approved ☐ Denied ☐ Pending

Notes:

_____

_____

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_____

_____

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