

FUNDING SOURCE IDENTIFICATION AND REQUEST FORM

Updated April 2018

Child's Name: _____ Date of Birth: _____

Section 1: Family Financial Information

A. Please attach a copy of your most recent income tax forms (unless fully funded by school district). If you do not have a tax form from last year, you must submit proof of income. Please see director for acceptable forms.

B. Net Income: _____ (Taxable income) On form 1040, you will find this number on Line 43. On Form 1040A, you will find this number on Line 27.

C. Explanation of Special Considerations: Please share additional information about your financial responsibilities that you would like us to consider in determining your financial need. Examples include: transportation costs, vehicles and food as well as other payments (e.g., school tuitions, child support...) that impact your family;s ability to fund your child's education. Please include the amount you feel your family could pay to access the support provided at CAOS. Attach an additional sheet if necessary.

How much money would your family be able to commit to your child's communication skill development each month? _____

Section 2: Narrative

The purpose of this section is to ensure that the family's commitment to developing listening and spoken language skills warrants financial support from The Carle Development Foundation. Producing successful listening spoken language communicators is the goal of CAOS and the Carle Development Foundation. That goal cannot be achieved without support and commitment from home. Ensuring that there is family support and commitment is essential before awarding financial support.

Why do you want your child to attend Carle Auditory Oral School? _____

Why do you want your child to develop listening and speaking skills? _____

Why are you requesting financial aid/scholarship? _____

Section 3: Expectations

What will your child be doing at each of these time slots with the auditory oral communication skills they develop in this program? Possible examples include: saying "mama", "talking in sentences", "working on the phone as a telemarketer", "going to school with hearing peers", "attending a university of their choosing"... There are many possibilities. What are your goals for your child?

In 6 months: _____
At Age 6: _____
At Age 10: _____
At Age 18: _____
At Age 25: _____

Research shows that children with involved families progress farther and more rapidly. Please initial below to indicate your willingness to do each of the following to help maximize your child's progress at Carle Auditory Oral School.

- _____ Provide transportation to and from Carle Auditory Oral School
- _____ Ensure a timely arrival for school and therapy sessions
- _____ Secure funding for/Making family sacrifices to pay my child's tuition
- _____ Participate in fundraising activities for the school
- _____ Participate in education opportunities
- _____ Complete daily journal entries for glass and therapy, as needed
- _____ Check folder regularly/respond to communication from CAOS
- _____ Read to my child nightly
- _____ Participate in Parent-Professional collaboration meetings
- _____ Share information with school about your child's use of targets when not at school.
- _____ Enforce amplification during all waking hours
- _____ Continue to "up the ante" regarding my child's use and understanding of acceptable communication and spoken language
- _____ Participate in up to three parent Teacher conferences during the school year.

I/We certify that the above information is true to the best of my/our knowledge.

_____ Date: _____

_____ Date: _____

Thank you for taking the time to complete this application. The information included in this application will provide the funding committee with the information necessary to ensure that families receive needed financial assistance and that the funds being accessed are being used responsibly.