



The mission of Literacy United is to reach the academic needs of as many children as possible, one child at a time.

Literacy United Scholarship Application

At Literacy United, we understand that families face periods of financial strain. The desire of Literacy United is to provide financial assistance to those families that are in need of academic intervention, but are unable to currently incur the entire financial burden of such services. We have a small allotment of funds available to assist in such situations. These scholarship funds are distributed based on financial need. Scholarship amounts are awarded using a sliding scale. The Literacy United Scholarship Committee will review the application and supporting documentation to determine scholarship eligibility. In order to be considered for a Literacy United Scholarship, please fill out the application below and provide all of the requested supporting documentation.

Student Information

Name _____ Age _____ Gender _____ Grade _____ Date of Birth _____

Home Address _____

School _____

School Address _____

Phone _____ E-mail _____

Was your child adopted? ___yes ___no

If yes, at what age? _____

Is English the first language of your child? ___yes___no

If, no, at what age did your child learn English? _____

What language(s) are currently spoken at home or can your child fluently communicate in?

Has your child ever been evaluated or is he/she currently under the supervision of any of the following:

___Pediatric Psychologist

___Pediatric Psychiatrist

___Pediatric Neuropsychologist

Pediatric Neuropsychiatrist
 Speech Language Pathologist
 Occupational Therapist
 Other Professional(s) _____

Academic Information

Has your child ever had an academic evaluation? yes no

Please explain:

What does your child like most/least about school?

Most: _____

Least: _____

Does your child have a positive or negative attitude about school? (please describe why)

Have you been advised to have your child repeat a grade/age level in school or pre-school? yes no

Please describe your child's age, grade or preschool level, the school's or teacher's reasoning, and if the child did repeat the grade-level

What are your child's academic strengths? _____

What are your child's academic weaknesses? _____

Do you feel that the school is fostering your child's success in the classroom yes no?

If no, please explain why _____

Has your child been successful on academic standardized tests, such as the STARR, ERB, or ITBS yes no?

Please list areas of weaknesses _____

What are your goals for your child academically? _____

Please explain your specific concerns about your child's academic performance?

Brief Medical History

Has your child ever suffered from:

High fevers ___ Yes ___ No If yes, please describe _____

Any chronic or serious illnesses (asthma, diabetes, epilepsy, etc.)? ___ Yes ___ No
If yes, what illnesses: _____

Any Surgeries? ___ Yes ___ No If yes, please describe _____

Serious accident? ___ Yes ___ No If yes, please describe _____

Is your child on medication? ___ Yes ___ No
If so, what medication and for what reason?

Does your child have any allergies? ___ Yes ___ No If so, what type? _____

Are you currently receiving any other services? (Medicaid, government assistance etc) ___ yes ___ no
Please explain:

Other information pertinent to your child's health:

Family Information

Mother's Name: _____ Age _____

Education Level _____ Occupation _____

Telephone numbers: Home _____ Work _____

Cell Phone _____ FAX _____

Email address _____

Father's Name: _____ Age _____

Education Level _____ Occupation _____

Telephone numbers: Home _____ Work _____

Cell Phone _____ FAX _____

Email address _____

Stepmother's Name (If applicable) _____ Age _____

Education Level _____ Occupation _____

Telephone numbers: Home _____ Work _____

Cell Phone _____ FAX _____

Email address _____

Stepfather's Name (If applicable) _____ Age _____

Education Level _____ Occupation _____

Telephone numbers: Home _____ Work _____

Cell Phone _____ FAX _____

Email address _____

Who has legal custody of the child?

- Mother and Father married to each other and have custody
- Mother has custody
- Father had custody
- Joint custody
- Foster Care
- Other: Please explain

Please list all people who are currently living in the household:

Name	Relationship to child	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list the number of dependents in your household. _____

Please select one of the following:

__ Caucasian __ African American __ Hispanic __ Native American __ Asian/Pacific Islander __ Other

Would you be willing to volunteer at Literacy United (currently located at The Reading Connection’s Main Clinic in Fort Worth), 5 hours per month, in exchange for a scholarship? ___yes ___no

Financial Circumstances: *(Please help us know more about any of the following circumstances that apply to your family situation.)*

Single Parent / Guardian - *Please attach copies of related document(s).*

Retirement or disability (yourself or your spouse) - *Please attach copies of related document(s).*

Loss or change regarding employment (yourself or your spouse)- *Please attach copies of related document(s).*

Medical expenses/ illness -*Please attach copies of related document(s).*

Other (Please explain.) *If applicable, please attach copies of related document(s).*

I understand that if my child is awarded a scholarship, there is a 90 probation period and that I will need to reapply every six months to have my scholarship reevaluated.

Signature _____ Date _____

Please note that this application will not be considered without the requested supporting documentation. In order to be considered for Literacy United assistance, all of the following must be completed and submitted:

1. **Complete and signed application form**
2. **Copy of most recent full Tax Return for all income earners in the household**
3. **Proof of employment for the head of household**
4. **Teacher survey to be returned to Literacy United directly by student's teacher(s) (form attached)**
5. **Applicant Inquiry Release (form attached)**

For Office Use Only:

Date application was received: _____

Signature of Office Staff Member: _____

___ Teacher Survey

___ Proof of Employment

___ Full Tax Return

___ Inquiry Release

Any additional comments or attachments: (report cards, students work samples, recommendation letters, etc.)



Applicant Inquiry Release

In connection with my application for a scholarship at Literacy United, I understand that investigative background inquiries are to be made on myself, including employment, education, and criminal verification. I authorize, without reservation, any party or agency contracted by this organization to furnish the above information.

I have the right to make a written request within a reasonable period of time to receive additional information about the nature of the scope of this investigation. I hereby consent to your obtaining this information.

Name(printed): _____ Social Security No.: _____

Home address: _____

City: _____ State, Zip: _____ Date of Birth: _____

I have attached a copy of a valid Texas Drivers License or ID: Yes No

Signature of Applicant: _____ Date: _____

Please Initial

_____ I hereby grant to Literacy United, Inc full and absolute permission and all right to copyright, publish, display, and use for any legal purposes or all photographs, and/ or video, together with descriptive text or statements, in which I or my property appear(s) .

_____ I understand that if I am given a scholarship, there is a 90 probation period and that I will need to reapply every six months to have my scholarship reevaluated.



Literacy United Scholarship Application: Teacher Survey

Student Name: _____

School Student is currently attending: _____

Grade Level: _____

Teacher: _____

***Please be as thorough as possible so that we can better understand the student's needs**

1. Do you teach this student in a specific subject area? If so which one?

2. To your knowledge, has this student received academic assistance in the form of tutoring, speech therapy, occupational therapy, special education in or outside of the school setting? If so please describe the type of service and the duration:

3. Does this student struggle more in reading, writing and spelling than in other subject areas? Please describe:

4. What are the student's academic strengths?

5. What are the student's academic weaknesses?

6. What do you feel is the student's overall level of anxiety within the classroom? If applicable, does this display itself through academic performance, social interaction, or both? Please describe:

7. What is this student's overall level of frustration within the classroom? Do you find him/her giving up easily on assignments? Please explain:

8. Are there any other behavioral or emotional concerns that are impeding learning? If so please describe:

9. Is there anything else that I need to know so that I can better assist this student?

Thank you for your assistance. We appreciate the time and effort you put into completing this survey. Please return completed form directly to Literacy United via mail or fax at:

**3145 McCart Ave
Fort Worth, Texas 76110**

**Ph: (817)924-2000
Fax: (817)924-6778**

