

Sensations TheraFun Scholarship Application

Scholarship assistance is available for Sensations TheraFun visits, memberships, participation in Partnered Programs, The Wonder League Summer Camps and Sports Leagues. Scholarships are awarded based on therapeutic and financial needs of the child and their family as well as donations provided through our partners on an annual basis.

Please complete the requested information below, and **fax to 404-448-4485**. This fax line is secure and confidential.

Applications may also be e-mailed to sensationstherafun@gmail.com.

Information on Child or Children; please complete a separate form for each additional applicant.

Name of scholarship child	
Date of Birth	
School	
Do you have a regular OT ?	

Parent or Guardian Contact Information

Name	
Address	
City, State & ZIP	
Home Phone	
Work Phone	
E-Mail Address	

Therapeutic Needs

Describe the therapy needs of your child and how you expect Sensations TheraFun to aid in these needs.

Financial Needs

All financial information will be kept under strict confidentiality and only be reviewed by the STF Foundation board for use in granting scholarships.

State your annual adjusted gross income from your most recent form 1040. _____

Number of Children in your Family _____

Describe any financial hardships you or your family may have related to raising your child (i.e., out of pocket therapies, schools, etc.).

How much are you able to pay?

Check what program you are requesting for the scholarship

Wonder Sports League

Wonder Camp

Annual Membership

Partner Program _____

Please submit with Sensations TheraFun registration, information and medical release form.

All information on this application is to be used solely for the purpose of granting scholarships by Sensations TheraFun, a non-profit corporation. All information will be kept under strict confidentiality.

I certify that the information contained in this application is true and complete to the best of my knowledge.

Parent Signature _____

Date _____

Print Name _____

Staff Use:

Approved for:

Executive Director Signature/Date