

Family Profile

Parent(s) name	(s):	Date:
Address:		
City/State/Zip: _		
E-mail (if checke	ed regularly):	
Home Phone: _		Cell:
Student's Name	::	Date of Birth//
Gender*:	Ethnicity*	: (*For grant purposes only)
Parents place of	f Employment:	
Does Student pa	articipate in:	
Special Educatio	on?Yes	No
RTI?	Yes	No
ECI?	Yes	No
504?	Yes	No
School District:		School:
Primary Concer	n for Student:	
Diagnosis:		
What current su	upplemental service providers a	re you receiving support from for your child?
	mmediate needs for your child	that Turtle Wing might be able to provide support for?
Are you interest	ted in:	
	Parent Trainings:	Yes No
	Parents Support Gatherings:	Yes No
	Helping Other Parents:	Yes No
	Turtle 120 Schule	Wing Foundation 3 Kessler Ave. enburg, TX 78956 ewingfoundation.org

Guidelines for Scholarship

The mission of Turtle Wing Foundation is helping individuals with learning challenges in rural areas achieve their full potential by providing access to a shared network of emotional, educational, and therapeutic resources.

Requirements:

- Turtle Wing Foundation will consider all requests from rural South Central Texas with special emphasis on Fayette, Lavaca or Colorado counties.
- Families receiving support must update their family profile annually.
- Actual scholarships will vary depending on need and availability of funds.
- Turtle Wing board of directors retains full discretion on distribution of funds and may consider unique or high needs requests on a case by case basis.
- Once complete application process is submitted, a decision will be communicated to the family by their approved Turtle Wing provider or Turtle Wing Foundation within 3 weeks.
- If awarded a scholarship, funds will be paid directly to the provider.
- If the application is declined, the applicant will receive notification of the reason. If the family's circumstances change they should feel free to reapply.

Items to include with scholarship request to be considered complete:

- Completed Turtle Wing Provider proposal
- Documentation of Diagnosis (if available), IEP—Student Strengths and Key Evaluation Results Summary page or Neuropsychological testing report summary page
- Completed Family Profile & Consent for release of photos and information

Families receiving a scholarship are asked to:

- Participate in Turtle Wing Parent Support Network.
- Provide an impact statement or testimonial prior to the completion of services being funded.
- If families choose to not cooperate, this may impact future scholarship requests.

Scholarship requests:

For more information or to learn how to request supplemental services support, please contact Turtle Wing Foundation or your supplemental service provider.

Questions:

Please feel free to call Kim Miori, Turtle Wing Foundation Programs Director, with any questions at (979) 505-5090 or visit the web site at <u>www.turtlewingfoundation.org</u>.



Turtle Wing Foundation 1203 Kessler Ave. Schulenburg, TX 78956 www.turtlewingfoundation.org



Consent to Photograph Consent to Release Information

I,(Please Print)	, give my permission to use:
Audio Video	Print Other
Photograph	Other

Of my child(ren) _____

for publicity or educational purposes by Turtle Wing Foundation. I understand that all materials will remain the property of Turtle Wing Foundation, and I am not entitled to any compensation or payment for their use. I also understand that I can revoke or modify this consent at any time by information Turtle Wing Foundation in writing.

Date: _____

Signature: _________(Parent/guardian signature required for minor)

Address:		
Phone: _		
Witness:		
	Turtle Wing Foundation	

P. O. Box 631, Schulenburg, TX 78956 www.turtlewingfoundation.or