



Family Profile & Input—Adult

Young Adult's Name: _____ Date: _____

Address: _____

City/State/Zip: _____

E-mail (if checked regularly): _____

Home Phone: _____ Cell: _____

Date of Birth ___/___/___ Gender: _____ Ethnicity: _____

Parent(s) Name: _____

Address, if different: _____

E-mail: _____ Cell: _____

Parents place of Employment: _____

Diagnosis: _____

School District: _____

Have you graduated or Aged Out? Graduated _____ Aged Out _____ Year _____

If no, anticipated year to leave school _____

Living Arrangements: Do you live at home? _____ Yes _____ No

No If not, where? _____ Where would you like to live? _____

Type of housing currently: _____ Requires Help _____ Assisted _____ Fully Staffed _____

What current supplemental programs do you participate in? _____

What programs or opportunities do you wish you had access to? _____

Are there existing programs you could access if not for a roadblock? _____ Yes _____ No

If yes, what is the roadblock? _____

What immediate needs do you have regarding your quality of life? _____

Are you interested in:

_____ Skills of Social Interaction _____ Self Determination/Self Advocacy Skills

_____ Career/Employment Skills _____ Adult/Independent Living Skills

_____ Recreation/Leisure Skills _____ Lifelong Learning/Continuing Education

_____ Legal Issues related to guardianship _____ Financial Planning

Other interests: _____

Do you have a transition plan in place? _____ Yes _____ No

Does this plan meet your needs? _____ Yes _____ No

What else would you like to share with us? _____

Communication may be shared with parent(s)? _____ Yes _____ No

Form Completed by: _____

_____ Self _____ Parent _____ Guardian

Signature: _____

Please return form to:
Turtle Wing Foundation
P. O. Box 631
Schulenburg, TX 78956

If you have questions, please call Susie Shank at (979) 505-5090.



**CONSENT TO PHOTOGRAPH
CONSENT TO RELEASE INFORMATION**

I, _____, give my permission to use:
(print name)

Audio

Print

Video

Other: _____

Photograph

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.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:

- Complete a combined total of 12 volunteer hours per calendar year.
- 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 Susie Shank, Turtle Wing Foundation Programs Director, with any questions at (979)505-5090 or visit the web site at www.turtlewingfoundation.org.

Turtle Wing Foundation
P. O. Box 631, Schulenburg, TX 78956
www.turtlewingfoundation.org