



Parent(s) name(s): _____ Date: _____

Address: _____

City/State/Zip: _____

E-mail (if checked regularly): _____

Home Phone: _____ Cell: _____

Student's Name: _____ Date of Birth ___/___/___

Gender: _____ Ethnicity: _____

Parents place of Employment: _____

Does Student participate in:

Special Education? _____ Yes _____ No

RTI? _____ Yes _____ No

ECI? _____ Yes _____ No

504? _____ Yes _____ No

School District: _____ School: _____

Primary Concern for Student: _____

Diagnosis: _____

What current supplemental service providers are you receiving support from for your child? _____

What are your immediate needs for your child that Turtle Wing might be able to provide support for?

Are you interested in:

Parent Trainings: _____ Yes _____ No

Parents Support Gatherings: _____ Yes _____ No

Helping Other Parents: _____ Yes _____ No

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



**CONSENT TO PHOTOGRAPH
CONSENT TO RELEASE INFORMATION**

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

- | | | | |
|--------------------------|------------|--------------------------|--------------|
| <input type="checkbox"/> | Audio | <input type="checkbox"/> | Print |
| <input type="checkbox"/> | Video | <input type="checkbox"/> | Other: _____ |
| <input type="checkbox"/> | 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: _____

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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.

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