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Scholarship Application

## Scholarship Request

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Caregiver  Full Name: |  |  |  | Date: |  |
|  | Last | First | M.I. |  |  |

|  |  |  |
| --- | --- | --- |
| Address: |  |  |
|  | Street Address | Apartment/Unit # |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | City | State | ZIP Code |

|  |  |  |  |
| --- | --- | --- | --- |
| Phone: |  | Email |  |

|  |  |  |
| --- | --- | --- |
| Can we contact you by email? | YES | NO |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Can you contact you by phone? | YES | NO | If yes, can we text you regarding this event? |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Would you like to be added to our email database to receive information on events and trainings that we offer? | YES | NO |  |

## Student Information

|  |
| --- |
| Student’s Full Name: |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| Age: |  | School & Grade: |  |

|  |  |  |
| --- | --- | --- |
| Does this student have a learning disability? | YES | NO |

|  |  |  |
| --- | --- | --- |
| Is there a financial need? | YES | NO |
|  | | | |  |
|  | | | |  |
|  | | | |  |
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## Benefit

Please explain how this will benefit the student.

## Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to receiving a scholarship, I understand that false or misleading information in my application may result in dissolvement of the scholarship.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |

**Please scan the completed Scholarship form and email it to tjackson@wtamu.edu.**