



**CHILD SUCCESS  
FOUNDATION**

**GRANT APPLICATION FOR FINANCIAL AID  
FOR OT/ST/ET THERAPY  
CONFIDENTIAL STATEMENT**

**PLEASE PRINT**

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Child's name                      First Name                      Sex                      Birth date                      School Site

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Mother's name    Occupation                      Employer/Self-Employed

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Father's name    Occupation                      Employer/Self -Employed

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Address    Zip Code    Telephone

Email \_\_\_\_\_

Parents: Married\_\_\_ Separated\_\_\_ Divorced\_\_\_ Single\_\_\_

Child lives with: Both parents\_\_\_ Father\_\_\_ Mother\_\_\_ Other \_\_\_\_\_

Please list all other children in the family:

Name:                      Age:                      Current School:                      Pub/ Priv.                      Tuition Paid Last Yr.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please continue to the next sheet.

What type of therapy/therapies are you requesting a grant for?

\_\_\_\_\_

How much can you contribute toward your child/children's therapy monthly?

\$ \_\_\_\_\_

How many therapy sessions per week has the therapist recommended for your child? \_\_\_\_\_

Are you able to share in the cost by paying 50% of those sessions? \_\_\_\_\_

Do you receive services at school or via the Regional Center? \_\_\_\_\_

\_\_\_\_\_

Do you have insurance coverage for the requested therapy? \_\_\_\_\_

If yes, will you use that coverage in addition to the grant money?

\_\_\_\_\_

Child's Ethnic Identity (optional) if child has multiple ethnic backgrounds, please check all that apply:

- African American
- Asian American
- Caucasian
- Latino (a)
- Native American
- Other  specify: \_\_\_\_\_

Language(s) used in the home: \_\_\_\_\_

Language(s) used by the child: \_\_\_\_\_

Is there any additional information you wish considered as part of your application for financial aid? (If you need more space please attach a separate sheet)

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

**MONTHLY EXPENSE BUDGET WORKSHEET**

In addition to the other forms requested, please complete this worksheet noting amounts earned/spent on a MONTHLY basis. For any annual, quarterly or intermittent income or expense, such as insurance premiums, please calculate a monthly amount. Add comments or explanations necessary on the back.

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**MONTHLY INCOME**

Net Salaries (after taxes) \_\_\_\_\_  
\_\_\_\_\_  
Net Business Income \_\_\_\_\_  
(if self-employed)  
Interest/Dividends \_\_\_\_\_  
Property Rentals \_\_\_\_\_  
Alimony/Child Support \_\_\_\_\_  
Other Income \_\_\_\_\_

\$ \_\_\_\_\_  
**TOTAL MONTHLY INCOME** \_\_\_\_\_

**MONTHLY EXPENSES**

**HOME**

Rent \_\_\_\_\_  
Mortgage \_\_\_\_\_  
Property Taxes \_\_\_\_\_  
Homeowner Insurance \_\_\_\_\_  
Rental Insurance \_\_\_\_\_

**FOOD** \_\_\_\_\_

**UTILITIES**

electric, gas, water, trash \_\_\_\_\_  
Cable \_\_\_\_\_  
Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
Internet \_\_\_\_\_

**CAR**

Loan \_\_\_\_\_  
Lease \_\_\_\_\_  
Insurance (mo.) \_\_\_\_\_  
Repairs (mo) \_\_\_\_\_

**EDUCATION**

School Tuition \_\_\_\_\_  
Summer Camps \_\_\_\_\_  
Day Care \_\_\_\_\_  
Extracurricular Classes \_\_\_\_\_

**CREDIT CARD PAYMENTS**

Total Monthly Payment(s) \_\_\_\_\_  
  
Total Credit  
Card Balance(s) \$ \_\_\_\_\_

**HOUSEHOLD**

Housekeeper/Nanny \_\_\_\_\_  
Gardner \_\_\_\_\_  
Other \_\_\_\_\_

**LEISURE**

Entertainment \_\_\_\_\_  
Vacations \_\_\_\_\_  
Club Dues \_\_\_\_\_

**MISCELLANEOUS**

Donations \_\_\_\_\_  
Retirement \_\_\_\_\_  
Savings \_\_\_\_\_  
Retirement \_\_\_\_\_  
Life Insurance \_\_\_\_\_

Child Support/Alimony \_\_\_\_\_  
Gifts \_\_\_\_\_  
Debts-other \_\_\_\_\_

**MEDICAL/DENTAL**

Doctors/Hospitals \_\_\_\_\_

Drugs \_\_\_\_\_

Insurance \_\_\_\_\_

Other \_\_\_\_\_

**TOTAL**  
**MONTHLY EXPENSES** \_\_\_\_\_

**MONTHLY EXPENSE BUDGET WORKSHEET**

We declare that the information reported in this application form, including the Monthly Expense Budget Worksheet, is true, correct and complete to the best of our knowledge. We acknowledge our responsibility to inform the Foundation of any change in circumstances, which may modify our eligibility for financial aid.

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Name \_\_\_\_\_ Date \_\_\_\_\_

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Name \_\_\_\_\_ Date \_\_\_\_\_