



**THREE LITTLE BIRDS FUND**  
COMMUNITY FOUNDATION OF NEW JERSEY

*The Three Little Birds Scholarship Program is dedicated to providing financial assistance for therapy costs for children of diverse backgrounds and who are seeking or are currently receiving treatment for neurological and psychological disorders, including but not limited to those with attention deficit disorder, speech disabilities, hypotonia, learning disabilities, autistic spectrum disorders and gross motor coordination disorders.*

**Three Little Birds SCHOLARSHIP APPLICATION - 2018**

**Child's Personal Information:**

**Date:** \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Address: \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age \_\_\_\_\_

*Diagnosis (if any):* \_\_\_\_\_

***\*Please provide all available reports/evaluations that support this diagnosis.***

**Name of Individual Completing Application:** \_\_\_\_\_

**Mother/Guardian Personal Information:**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Address: \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

How long have you lived at your current address? \_\_\_\_\_

**Father/Guardian Personal Information:**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Address: \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

How long have you lived at your current address? \_\_\_\_\_

**Family Member Information:**

Who has primary financial responsibility for this child? \_\_\_\_\_

Is the family receiving any financial support from any other source that is not reported on the federal tax returns supplied? If so, what is the amount per month?

\_\_\_\_\_

Include all family members at the child's address for whom the parents or guardians have financial responsibility. (Use a separate sheet of paper if list exceeds the space provided below.)

Name	Relationship	Age	School/Year in School	Annual Tuition

Please list other family not at the child's address for whom the parents or guardians have financial responsibility. (Use a separate sheet of paper if list exceeds the space provided below.)

Name	Relationship	Age	School/Year in School	Annual Tuition

**Care Specific Information:**

Who were you referred by? \_\_\_\_\_

What is the reason for the referral? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Current services child is receiving (include **ALL** therapies and evaluation dates):

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
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List all doctors and specialists currently caring for your child.


Tell us what concerns you most about your child? (Include problems with daily routines, school community, etc.)

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What would you like your child to achieve and how, if any way, would you like to interact differently with your child? \_\_\_\_\_

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What specific therapies are you and your therapist proposing that Three Little Birds cover?

Type Of Therapy	Frequency of Therapy (how many times per month)	Therapy Cost per Session
		\$
		\$
		\$

**Insurance Information:**

Name of Insurance provider that covers this child (Plan name)

\_\_\_\_\_

Policy holder name \_\_\_\_\_

Group # \_\_\_\_\_

Is your coverage provided by or offered by your employer? \_\_\_\_\_

Please state reason for refusal if you did not take employer coverage

\_\_\_\_\_

Have you ever submitted claims for reimbursement for this therapy to this insurance provider? \_\_\_\_\_

If no, why? \_\_\_\_\_

\_\_\_\_\_

If yes, please explain the outcome \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**\*Please attach with this application your Insurance plan's Summary of Benefits coverage or "SBC". This is typically available at your Insurance provider's website or at your employer's HR department.**

**\*Please also provide IRS Form 1095 A, B or C that was filed with your most recent tax return.**

**Financial Information:**

Please provide the following information from income tax documentation for tax years **2016 & 2017** (calendar year ending 12/31). **Note:** Please provide your most current, completed Form 1040 U.S. Individual Income Tax return(s). If your parents/guardians file separately, BOTH parties must submit returns.

Please block out any social security numbers that appear on the tax return.

Please note that your financial information is solely for the foundation’s review of your application by the board. It will not be shared with anyone outside of the board of the Three Little Birds Foundation.

**Please include info below for Calendar Ending 2016:**

Adjusted Gross Income (AGI)	Parents or Guardians Combined
	\$

Mother/Guardian	Father/Guardian
Total amount of any other income such as child support or unemployment? Please specify source.	Total amount of any other income such as child support or unemployment? Please specify source.

Complete the following statement of household expenses:

	Parents or Guardians Combined	You the Applicant
Annual Tuition – Total (See Family Member Information Section)	\$	\$
Mortgage or Rent (Circle One)	\$	\$
Medical Expenses (not paid by insurer)	\$	\$
Child Care/Day Care	\$	\$
Other Expenses (Describe in detail on separate sheet)	\$	\$

**Please include info below for Calendar Ending 2017:**

Adjusted Gross Income (AGI)	Parents or Guardians Combined
	\$

Mother/Guardian	Father/Guardian
Total amount of any other income such as child support or unemployment? Please specify source.	Total amount of any other income such as child support or unemployment? Please specify source.

Complete the following statement of household expenses:

	Parents or Guardians Combined	You the Applicant
Annual Tuition – Total (See Family Member Information Section)	\$	\$
Mortgage or Rent (Circle One)	\$	\$
Medical Expenses (not paid by insurer)	\$	\$
Child Care/Day Care	\$	\$
Other Expenses (Describe in detail on separate sheet)	\$	\$

Given your financial situation, what is the amount that you feel that your family can contribute to your child’s therapy? (per month) \_\_\_\_\_

**Personal Statement:**

Describe any special circumstances that you would like for the selection committee to consider, i.e. financial, medical, or educational expenses or changes in work status:

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## CHECKLIST:

In addition to this application form, you **MUST** submit the following documentation.

- 2016 & 2017 completed Form 1040 US Individual Income Tax returns for your parents/guardians and for yourself. If your parents/guardians file separately, you must include returns for both parties.
- A copy of a recent paycheck stub.
- All W-2s for the years 2016 & 2017 for each parent/guardian responsible for the child's support.
- A copy of your Insurance plan's Summary of Benefits coverage or "SBC"
- A copy of IRS Form 1095 A, B or C that was filed with your most recent tax return
- If a child is currently receiving therapy, please provide the previous 8 weeks of therapy bills.
- Reports/evaluations that support child's diagnosis on page 2 of this application.
- Recommendation Form (from therapist/doctor) or if not available, from teacher.
- Signed Parent/Guardian Agreement Form*

Only complete applications (consisting of this application form and all of the supplemental materials listed above) will be considered by the selection committee.



## Parent/Guardian Agreement Form

Please acknowledge your understanding of Three Little Birds Scholarships terms by initialing each requirement and signing this page after reading. If you have any questions, feel free to contact **Colleen Smith at 973 -267-5533 ext 226** at the Three Little Birds Scholarships Office.

Parent/guardian will be responsible for providing transportation to and from the clinic.

Parent/guardian will abide by all rules and policies of the clinic.

Parent/guardian must participate in normal interview process of clinic.

\_\_\_\_\_ Parent/guardian must be willing to abide by guidelines set forth by the therapist.

\_\_\_\_\_ Child must attend therapy sessions regularly except for excused illness.

\_\_\_\_\_ Parent/guardian must be willing to attend parent-therapist conferences, orientations and programs deemed helpful to child's treatment.

\_\_\_\_\_ Parent/guardian must sign a disclaimer form releasing the Three Little Birds Scholarship from any liability.

\_\_\_\_\_ Upon acceptance, parent/guardian must agree to sliding scale fee based on the amount of time of therapy months, at EACH session.

**I certify that all answers provided are true and accurate.**

**I understand that failure to comply with the above agreement may result in my child's immediate withdrawal from The Three Little Birds Scholarship Program.**

Date: \_\_\_\_\_

\_\_\_\_\_  
***Parent's/Guardian Signature***

Upon approval of this initial scholarship, which has an has a term of 3 months, a renewal application will be requested to continue this scholarship beyond the three month period.

**Mail this application and all required supplemental materials to:**

Colleen Smith  
Community Foundation of New Jersey  
Post Office Box 338  
Morristown, New Jersey 07963-0338

**PROFESSIONAL RECOMMENDATION FORM**  
(THERAPIST/DOCTOR)

The Three Little Birds Scholarship Fund is dedicated to providing financial assistance to support children in need.

Please take a few moments to answer the following question on behalf of the family applying for a scholarship.

Name of Child Applying for Scholarship: \_\_\_\_\_

Your Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

Your relationship with the family? \_\_\_\_\_

Why are you recommending this family? \_\_\_\_\_

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Please state the goals that would like to be achieved through this therapy. \_\_\_\_\_

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Please give specific examples that demonstrate this family's dedication to their children.

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What other pertinent information would you like to share regarding this family and their application? \_\_\_\_\_

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