

PAUSE4kids
P.O. BOX 7114, Thousand Oaks, CA 91359
(805) 486-9596 (voice mail)



PAUSE4kids provides scholarship funding for programs or services for children who have special needs. The Board of Directors reviews application submitted by individual parents on behalf of their child. Our funds are limited and scholarship awards cannot exceed \$500, so that we may serve a greater number of children. Scholarships are awarded to those residing in the Ventura County SELPA and to parents who have limited financial resources or special circumstances that are compelling. We will notify you of our decision within 60 days of receipt of this application.

Note: We can only award scholarships if funds are available. See complete Scholarship Guidelines prior to completing the application. Please Email/ or print and mail the form back to our office for consideration.

| BACKGROUND INFORMATION | | |
|-------------------------------|---------------------|-----------|
| Name: | | |
| Street Address: | | |
| City: | State: | Zip Code: |
| Home Phone: () | Cell Phone: () | |

| CHILD INFORMATION | | | |
|---|---------|-------------------------------|----------------|
| Child's Name: | | Age: | Date of Birth: |
| Grade: | School: | District: | |
| Medical Diagnosis: | | | |
| Name of medical professional making diagnosis: | | | |
| Does your child have a current: _____ IEP _____ 504 | | If so, of IEP or 504: | |
| If your child receives school district services, please list (i.e. speech, OT): | | | |
| Is your child a Regional Center client? | | If so, which Regional Center? | |

| SCHOLARSHIP REQUEST | |
|--|--|
| Describe the special financial or other circumstances you would like us to consider in your request: | |
| Describe service program you are asking PAUSE4kids to fund: | |
| What is the name of service provider or program vendor? | |
| When will the service or program take place? | What is the amount you are requesting? (not to exceed \$500.00) |
| Vendor or service provider's phone number: | Vendor / provider email: |
| Vendor or service provider's address: | |
| I, _____, authorize _____ to share (your name) (vendor or provider name) information about my child, _____, with any PAUSE4kids Board of (child's name) Directors member who is seeking information in their capacity. <i>(PAUSE4kids will only be using this information to confirm services provided for child, and will be held confidential.)</i> | |
| Signature: | Date: |

Please send completed application to:

Email: *scholarships@pause4kids.org*

Mail: *PAUSE4kids P.O. BOX 7114, Thousand Oaks, CA 91359*