



### SCHOLARSHIP ASSISTANCE APPLICATION

Eligibility for scholarship assistance is based on household income, expenses, medical bills, etc., and number of people in the home. Please complete BOTH sides of this form and sign it where indicated. Use the space on the other side to provide any additional information that may help us determine your eligibility for scholarship assistance. ALL INFORMATION WILL BE KEPT STRICTLY CONFIDENTIAL.

CHILD'S NAME \_\_\_\_\_ CHILD'S DOB \_\_\_\_\_

PARENT(S) \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CHILD'S SSN \_\_\_\_\_

HOME PHONE \_\_\_\_\_ ALTERNATE PHONE \_\_\_\_\_

GROSS MONTHLY INCOME \$ \_\_\_\_\_

INCOME SOURCE (Salary, Pension, SSI, Social Security, etc.) \_\_\_\_\_

ADDITIONAL MONTHLY INCOME \$ \_\_\_\_\_

ADDITIONAL INCOME SOURCE (Child Support, Alimony, etc.) \_\_\_\_\_

\* Please attach proof of income (copy of most recent income tax form 1040, 1040A) or Social Security award letter, or SSI award letter, etc.)

**This application cannot be processed without proof of income.**

RENT / HOUSE \$ \_\_\_\_\_ / month      GAS & ELECTRIC \$ \_\_\_\_\_ / month

TELEPHONE \$ \_\_\_\_\_ / month      FOOD & GROCERIES \$ \_\_\_\_\_ / month

LOAN/CHARGE ACCT \$ \_\_\_\_\_ / month      STORE /BANK CREDIT CARD      OTHER \_\_\_\_\_

LOAN/CHARGE ACCT \$ \_\_\_\_\_ / month      STORE/BANK CREDIT CARD      OTHER \_\_\_\_\_

LOAN/CHARGE ACCT \$ \_\_\_\_\_ / month      STORE/BANK CREDIT CARD      OTHER \_\_\_\_\_

MEDICAL / HOSPITAL EXPENSE \$ \_\_\_\_\_ (Total)      DENTAL \$ \_\_\_\_\_ (Total)

MEDICATIONS \$ \_\_\_\_\_ / month

HEALTH INSURANCE COMPANY \_\_\_\_\_

POLICY # \_\_\_\_\_

MARYLAND MEDICAL ASSISTANCE # \_\_\_\_\_      EXP. DATE \_\_\_\_\_

OVER ^

**THE HEARING AND SPEECH AGENCY**

Harry & Jeanette Weinberg Building | 5900 Metro Drive | Baltimore, MD 21215 | www.hasa.org  
(p) 410.318.6780 | MD RELAY 711 | (f) 410.318.6759



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OTHER FAMILY MEMBERS IN THE HOME

ADULTS

| NAME | RELATIONSHIP TO CHILD | GROSS MONTHLY INCOME | INCOME SOURCE |
|------|-----------------------|----------------------|---------------|
|      |                       |                      |               |
|      |                       |                      |               |
|      |                       |                      |               |
|      |                       |                      |               |
|      |                       |                      |               |
|      |                       |                      |               |
|      |                       |                      |               |

ADDITIONAL CHILDREN IN HOUSEHOLD

|               |               |
|---------------|---------------|
| NAME          | NAME          |
| DATE OF BIRTH | DATE OF BIRTH |
| NAME          | NAME          |
| DATE OF BIRTH | DATE OF BIRTH |
| NAME          | NAME          |
| DATE OF BIRTH | DATE OF BIRTH |
| NAME          | NAME          |
| DATE OF BIRTH | DATE OF BIRTH |
| NAME          | NAME          |
| DATE OF BIRTH | DATE OF BIRTH |

**ADDITIONAL INFORMATION**  
 Please provide any additional information that may help in determining your eligibility for scholarship assistance.

SIGNATURE \_\_\_\_\_ RELATIONSHIP TO CHILD \_\_\_\_\_