

Sharing Hope Children's Therapy Scholarship Fund Application

SCHOLARSHIP GUIDELINES

Purpose

The Sharing Hope Children's Therapy Fund provides scholarships to special needs children with global language delays to help cover the costs of pediatric therapy.

Scholarship Details

Scholarships will be awarded for a 12-month period including an initial evaluation and 2 hours per week (104 total annual hours) of pediatric speech or occupational therapy with participating therapists. The Sharing Hope Children's Therapy Fund has preselected and screened participating therapists. The current therapy provider is Integrated Children's Therapy at 2103 Coral Way Suite 720, Miami, Florida 33145.

Scholarship Criteria

- Child and their family must possess a financial need.
- Child and their family must reside in Miami-Dade County.
- Parent must provide a statement of willingness to cooperate and facilitate child's therapy program including both transporting child to selected participating therapists and taking advantage of free support services from local governments and agencies.
- Child must attend each therapy session on time or provide 24 hours' notice for cancellations. Repeated failure to arrive promptly for therapy sessions can result in a cancellation of the scholarship.
- Open to children aged 18 months - 8 years.
- Preference will be given to applicants that have shown a commitment to the child's development. Possible examples include, but are not limited to the following:
 - Registration for the free services of Early Steps/ Child Find/ FDLRS of Florida, if eligible. Or have a future appointment with screening/registration.
 - Registration for free services of University of Miami Center for Autism and Related Disabilities (UM CARD), if eligible.
 - Attend(ed) a Miami-Dade County prekindergarten program for children with disabilities.

Value of the Scholarship

The value of the Scholarship is approximately \$17,000 annually. Checks are sent directly from the Coral Gables Community Foundation to treating therapist's office.

Submission

The official Application Form must be emailed to info@gablesfoundation.org.

Sharing Hope Children's Therapy Scholarship Fund Application

CHILD

FULL NAME _____ DATE OF BIRTH _____
CURRENT SCHOOL _____

PARENT

FULL NAME _____
E-MAIL _____
CELL PHONE _____
POSTAL ADDRESS _____

CITY _____ STATE _____ ZIP _____

THERAPY

DESCRIPTION OF CHILD'S DIAGNOSIS AND/OR DEVELOPMENTAL DELAYS:

PLEASE LIST ANY THERAPY THE CHILD HAS RECEIVED IN THE PAST 12 MONTHS:

IS THE CHILD REGISTERED WITH UM-CARD? YES NO

IS THE CHILD ENROLLED IN EARLY STEPS? YES NO

HAS THE CHILD BEEN EVALUATED BY FDRS (FLORIDA DIAGNOSTIC & LEARNING RESOURCES SYSTEM)? YES NO

HAS THE CHILD APPLIED FOR A FAMILY EMPOWERMENT (GARDINER SCHOLARSHIP)? YES NO

PLEASE DESCRIBE YOUR SHORT-TERM GOALS FOR THE CHILD:

CHECKLIST

Please note that incomplete applications will not be considered. Submitted Application Materials should include:

- _____ Application Form
- _____ Written statement from the parent(s) committing to therapy services
- _____ Copy of the parent(s) Federal Income Tax Return (such as IRS Form 1040/1040EZ) to evidence financial need.

Optional:

- _____ a recommendation letter for the family from a teacher, doctor, therapist, religious institution leader, employer, CARD Counselor or similar.

SUBMISSION

Save this form and email it to info@gablesfoundation.org