

**REQUEST FOR TUITION/SUPPLEMENT OR SCHOLARSHIP FOR CONDUCTIVE ED.**

Date of request.....  
Location of CE Center to be attended.....

Name of child..... age..... diagnosis.....

Is child currently attending at a CE Center?.....yes  No

Name of parents:  
mother..... father.....

Address.....  
..... how long.....

Previous address.....

Tel. Work..... Home.....

Employment history of head of  
household and annual income.....

Additional income..... Source.....

Soc. Sec.# of head of household..... spouse.....

Total annual household income \$.....please submit proof if income (Tax return etc.)

Total annual obligations \$ (Mortgage etc.).....

Amount requested for tuition supplement \$.....per month

Amount requested for full scholarship # of month .....at \$ .....per month

We, the parent/guardian do believe the above to be accurate and it's content to be verifiable by POPS/CEC

Applicants signatures.....date.....

Recommendations by center staff: please attach a full report

Recommendations by center director: please attach full report

Recommendations by POPS/CECC Scholarship Committee: (attach full report if necessary)

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