

Harary Memorial Fund Application
Learning Disabilities Association of Washtenaw County

The information you provide on this application is confidential and is only reviewed by the Harary Memorial Fund Committee.

Part 1: Family Information

1. Student's Name _____ Date of Birth _____

2. Parent/Guardian's Name _____

Address _____

City/Zipcode _____

Home Telephone _____ Work Telephone _____

Employment _____

2. Parent/Guardian's Name _____

Address _____

City/Zipcode _____

Home Telephone _____ Work Telephone _____

Employment _____

4. With whom does the student reside (include siblings)?

5. Who referred you to the Harary Fund?

Part 2: Financial Information

Please submit a copy of your most recent annual 1040 income tax return. If applicable, please submit copies of any 1099 forms (dividends, interest, etc.) for income you received.

Do you receive financial assistance from any of the following?

___ Government Support (ie. Social Security, food stamps, etc.)

___ Family Members (ie. extended family, child support, etc.)

___ Other (please specify) _____

4. We encourage you to share with our committee any special circumstances (ie. family, health, etc.) that will help us better understand your personal family situation. Please provide this information on a separate sheet of paper.

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Part 3: Educational Information Additional information may be provided on a separate sheet.

1. Student's School _____ District _____

Current Grade _____

2. Does student receive special education through their school? Please describe.

Name of special education teacher, if applicable _____

3. Has student ever worked with a private tutor? If so, please describe the circumstances.

4. Is student currently receiving private tutoring? ____ Yes ____ No

If yes, please provide the following: Name of

tutor _____ Telephone Number _____

May we contact your tutor? ____ Yes ____ No

5. Why do you feel the student will benefit from private tutoring?

By signing, you confirm you have provided accurate information.

Signed _____ Date _____

Please return this form to:
Harary Memorial Fund
c/o 7769 Chichester Rd
Canton, MI 48187

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Harary Memorial Fund Application Form - School Section

Parent/Guardian Section: Sign permission **before** the teacher completes this form.

I give my permission for _____ to share this information with the Harary Memorial Fund Committee for the purposes of applying for a scholarship.

Signature _____ **Date** _____

Teacher Section: (additional information may be written on a separate sheet)

1. Student's name _____
2. Your name and position _____
3. If we need to contact you, what is the best way to reach you?
4. Is this student certified learning disabled and receiving services in one of all of these areas: reading, written language, spelling?
5. What kind of services has this student been receiving?
6. For what length of time has this student received services?
7. Do you have any recent standardized test results available (ie. Gates McGinitie, Gray Oral Reading, Slosson-R, etc.) demonstrating this student's reading level? If so, please attach copies of the results.
8. Based on this student's most recent psychological evaluation, do the results indicate normal or above normal cognitive abilities? If not, please explain.
9. Has this student ever been offered a multi-sensory program such as Orton-Gillingham or Project Read? If so, what progress did s/he make?
10. Do you think this student would benefit from private Orton-Gillingham tutoring? Why or why not?

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