

Sharing Hope Children's Therapy Scholarship Fund Application

SCHOLARSHIP GUIDELINES

Purpose

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

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.

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 the 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 – 16 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 varies depending on type of therapy and frequency. Checks are sent directly from the Coral Gables Community Foundation to treating therapist's office. Parents do not receive scholarship funds.

Submission

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

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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/was 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:

1. Application Form
2. Written statement from the parent(s) committing to therapy services
3. Copy of the parent(s)' Federal Income Tax Return (such as IRS Form 1040/1040EZ) to evidence financial need. Applicants may also submit any supplemental information relevant to the family's overall financial situation including but not limited to annual out-of-pocket therapy and medical expenses.
4. 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