



Listening

The Barre Integrated Health Center

35 South St., Barre, MA 01005, (978)355-3501, fax: (978)355-3502, [listeningwellness@verizon.net](mailto:listeningwellness@verizon.net)

## **SCHOLARSHIP APPLICATION – Spring ‘12 Classes for Children**

THIS FORM IS COMPLETELY CONFIDENTIAL

- ❖ Scholarships are need-based, but anyone is welcome to apply
- ❖ Fill out the form below and send along with your registration form and a check for the adjusted amount (
- ❖ You select the amount you feel you can pay (see options below)
- ❖ In most cases, Listening will award you a scholarship to make up the difference.
- ❖ If we are unable to offer you the rate that you have requested we will call you right away. You may decide that you can pay a little more, or we can send back your check and cancel your registration.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name of child/children: \_\_\_\_\_

Which class/classes would you like to register for?: \_\_\_\_\_

Please briefly explain why you are requesting a scholarship:

Is your annual household income: \_\_\_below \$25,000 \_\_\_\$25,000-\$35,000 \_\_\_above \$35,000

(You may be eligible for a scholarship even if your income is higher than these amounts.)

Please **check the amount you feel you can pay per subject** toward your child’s tuition for 6 weeks of classes.

I am able to pay:\*

\_\_\_\$45

\_\_\_\$35

\_\_\_\$25

**Please fill out your registration form and send it along with this form and a check**

**\*(Just cross out the amount on the registration form and fill in the amount you have checked above.)**

If we are unable to offer you your choice of classes at the rate you have chosen we will contact you right away. You may then decide whether to pay the difference or to withdraw your registration and have your check returned to you.

**Feel free to call us if you have any questions: (978)355-3501 Monday, Wednesday & Friday 9am-3pm**