



Application for Financial Assistance for Learning Center

Student Name: _____

Address: _____

City/State/Zip: _____

Telephone: _____ DOB _____ SSN# _____

Mother's Name: _____

Address: _____

City/State/Zip: _____

Telephone: _____ Cell _____ Work _____

Employer: _____

Address: _____

City/State/Zip: _____

Telephone: _____ Work _____ Other _____

Father's Name _____

Address: _____

City/State/Zip: _____

Telephone: _____ Cell _____ Work _____

Employer: _____

Address: _____

City/State/Zip: _____

Telephone: _____ Work _____ Other _____

Income

GROSS FAMILY INCOME

Family Member	Employer	Annual Income as reported on IRS form 1040
		\$
		\$
List Child Support		\$

Other Dependents

We are applying for financial aid for the following service(s): (Check all that apply)

Diagnostics

Therapy

Recreation Class

Social Skills Class

Counseling

Summer Camp

Parent Signature

Application Date

Please also submit the following: Please return to : Miriam Learning Center, 501 Bacon Avenue, St. Louis MO 63119

1. Copy of IRS 1040-Tax Return form

2. Copy of paycheck stub

3. Copy of Social Security or other award letter