



Aspiring Youth 2018-19 Social Skills Groups Scholarship Application

Thank you for your interest in the Aspiring Youth Program! We are able to offer a limited number of need-based scholarships each year for students to attend our groups. Scholarship funds are provided directly by the Aspiring Youth Program as well as our generous donors. If you would like to make a contribution towards our scholarship fund, please feel free to contact us.

For school-year social skills groups, most award recipients will receive a **partial scholarship of \$250 per quarter**. For a regular 10-week quarter, **partial scholarship recipients will need to pay \$400**. Some applicants may be awarded a full scholarship of \$650 for group, though full scholarships may not be available every quarter. The scholarship rate will apply for the entire school year (Fall, Winter, and Spring quarters). Scholarship funding may only be applied to the current school year. Those who choose not to enroll in all three quarters may not use scholarship funds for future school years and will need to reapply. Availability of funds for winter and spring will depend on amounts awarded in previous quarters and whether those recipients are enrolled throughout the year. Families are responsible for securing funding for any remaining fees

Please complete the scholarship application in its entirety. Incomplete applications may not be reviewed. Please refer to our [social skills groups page](#) for detailed schedules and be sure to specify the day, location, and name of the group you are interested in. If you are requesting funds for more than one student, please complete separate forms for each.

Applications must be received and processed before the group's start date in order to guarantee consideration. Typically, it takes up to one week to receive a decision. You will receive an email confirming we've received your application. Please contact us if you do not receive one. We will contact applicants via email with a decision and the message will indicate the time frame you have to accept/decline the award and register online. Those who do not do so within the allotted time will forfeit their award. Any late applications will be reviewed based on availability of funding.

If you would like to register for groups before receiving your scholarship decision you may do so, but it will not affect your chances of receiving an award. **All new families will need to contact us to schedule an enrollment meeting prior to registering.** We will only consider scholarship applications for students who have completed a meeting and have been determined to be a good fit for the program.

Be sure to provide a valid email address on your application and make sure you can receive emails from ayadmin@ryther.org. Please do not hesitate to contact us with any questions or concerns. We hope to work with your family this year!

Return completed applications via mail, e-mail or fax to:

Ryther - Aspiring Youth
2400 NE 95th Street
Seattle, WA 98115

EMAIL: info@aspiringyouth.net | FAX: (206) 525-9795 | PHONE: (206) 517-0241



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Student Information

Student name (first & last):	DOB (mm/dd/yyyy):	Age:
Group you are registering for (day, location, name of group):		
Quarter (i.e. – Fall 2017, Winter 2018 etc.):		

Parent/Guardian Information

Parent 1 name (first & last):		Occupation:	
Mailing Address:			
City:	State:	Zip:	
Phone:	Email:		
Parent 2 name (first & last):		Occupation:	
Mailing Address:			
City:	State:	Zip:	
Phone:	Email:		

Annual household income (Gross):	Number in household:
Other circumstances to be considered (please use additional page if needed):	

OFFICE USE ONLY: Date Received: ___/___/___ Approved? _____ Amount Granted: _____
 Date Granted: ___/___/___ Client enrolled? _____ Client ID#: _____

Has your child participated in the Aspiring Youth Program before? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what years?
Have you requested/received scholarship funds from us in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what years?
Does your child currently receive other services through Ryther? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, who is your child's provider at Ryther?	Does your child have Respite or IFS waiver funding through the Developmental Disabilities Administration (DDA/DSHS)? <input type="checkbox"/> Yes <input type="checkbox"/> No

To the best of my knowledge all of the information I have supplied is correct. I understand that this information is to be used solely for the determination of scholarship assistance for the Aspiring Youth Program and will be treated confidentially. I am aware that all new students are required to attend an enrollment meeting prior to registering and scholarships will only be awarded to students who have completed a meeting and have been determined to be a good fit for the program.

Parent/Guardian Name (please print): _____

Signature: _____ **Date:** _____

Please return this form via mail, e-mail or fax:
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