



Client Financial Need-Based Scholarship for the Northwest Center for Fluency Disorder Interprofessional Intensive Stuttering Clinic (NWCFFD-IISC)

1) Applicant Agreement:

Scholarship Eligibility: Candidates must be teens (15 years old and older) or adults who stutter and must attend the NWCFFD-IISC at Idaho State University, Pocatello during the year the scholarship is offered. Scholarships cannot be carried over from one year to the next, are non-refundable, non-transferable, and non-reimbursable for financial or otherwise credit. Scholarships can only be used for client fees and may not be used for personal expenses or travel costs. Scholarships amounts are variable and are based on financial need.

Scholarship Revocation: The scholarship committee will consider the stipend awarded to a need-based scholarship as a loan, which the recipient must repay to the ISU Speech Language and Hearing Clinic, should the client not adhere to the signed moral code agreements and be asked to leave the clinic. If the client completes the clinic without major incident, no charges will be incurred and the scholarship will be fulfilled.

* (Date: ___/___/____) As the **legal guardian**, I (signed name: _____) agree to the Scholarship Applicant Agreement

* (Date: ___/___/____) As the **client**, I (signed name: _____) agree to the Scholarship Applicant Agreement

Questions? E-mail: hudock@isu.edu

2) Personal Information

Client name: _____
(first) (middle) (last)

Parent / Guardian name(s) (if applicable): _____

Home Address: _____
(street) (city) (state) (zip code)

Country: _____

Phone: _____

E-mail address: _____

Date of Birth: ___/___/____

Gross household income per year: \$ _____

Estimate cost of bills per month: \$ _____

Number of Dependents: _____

Other relevant financial obligations that we should be aware of: _____

(optional) In no more than 250 words, please write an essay to describe your financial need. Please introduce yourself and describe the impact that the scholarship would have on your / or your child's attendance. Please proofread before submitting.

Please fax to Dan Hudock, Ph.D., CCC-SLP at the ISU Speech Language and Hearing Clinic, Pocatello (208) 282-4571