

## Sensations TheraFun Scholarship Application

Scholarship assistance is available for Sensations TheraFun visits, memberships, participation in Partnered Programs, The Wonder League Summer Camps and Sports Leagues. Scholarships are awarded based on therapeutic and financial needs of the child and their family as well as donations provided through our partners on an annual basis.

Please complete the requested information below, and return it to our front desk or to our secure fax at 404-448-4485 or e-mail it to [sensationstherafun@gmail.com](mailto:sensationstherafun@gmail.com).

**Information on Child or Children; please complete a separate form for each additional applicant.**

Name of scholarship child	
Date of Birth	
School	
Do you have a regular OT ?	

### Parent or Guardian Contact Information

Name	
Address	
City, State & ZIP	
Home Phone	
Work Phone	
E-Mail Address	

### Therapeutic Needs

Describe the therapy needs of your child and how you expect Sensations TheraFun to aid in these needs.

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## Financial Needs

*All financial information will be kept under strict confidentiality and only be reviewed by the STF Foundation board for use in granting scholarships.*

State your annual adjusted gross income from your most recent form 1040.

Number of Children in your Family \_\_\_\_\_

Total amount spent on school, therapy, transportation, medical, etc

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How much are you able to pay?

Tell us which program (s) or play passes you are requesting for the scholarship:

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Please submit with Sensations TheraFun seasonal registration form and annual program admission form, if required. An annual program admission form is not required for annual memberships or play passes.

*All information on this application is to be used solely for the purpose of granting scholarships by Sensations TheraFun, a non-profit corporation. All information will be kept under strict confidentiality.*

*I certify that the information contained in this application is true and complete to the best of my knowledge.*

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Parent Signature

Print Name

Date

Staff Use

Approved for:

Executive Director Signature/Date