

# Jenny's Wish Foundation Inc.

P O Box 360  
DeWitt, MI 48820  
(720) 295-9474  
info@jennyswish.org

## Application for Individual Scholarships

Jenny's Wish Foundation is committed to helping young people, like Jenny, who struggle every day with the anxieties that come with having special needs. Jenny's dream is that no person should have to bear the weight of the shame, fear, anxiety, and loneliness associated with learning disabilities.

Jenny's Wish Foundation offers financial support to children and organizations, throughout the United States for academic or athletic based programs. To help children and families strengthen skills and overcome weakness that propels vulnerable children to achieve success as individuals and to instill leadership through volunteerism.

Child's Name \_\_\_\_\_

Nick Name \_\_\_\_\_

Parent Name(s) 1. \_\_\_\_\_

2. \_\_\_\_\_

Parent Address (1) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Parent Address (2) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Home Phone (1) \_\_\_\_\_ Cell Phone \_\_\_\_\_

Home Phone (2) \_\_\_\_\_ Cell Phone \_\_\_\_\_

How much assistance are you requesting? \_\_\_\_\_ Date monies due to organization: \_\_\_\_\_

What is total amount of program that child is required to pay to attend? \_\_\_\_\_

(Jenny's Wish has a maximum contribution of 50% of the amount child is required to pay – if you are not able to pay the other 50% than you are not eligible to apply for assistance)

Your child also agrees to serve on a volunteer basis in exchange for funds donated in their name so they can attend their requested program on a 25 to 1 basis. i.e.: for every \$100 dollars the child must agree to volunteer 25 hours and give back to the community.





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## Referral for Individual Scholarships

*to be filled out by individual sponsoring child*

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Child's Name \_\_\_\_\_

Nick Name \_\_\_\_\_

Parent Name(s) 1. \_\_\_\_\_

2. \_\_\_\_\_

Parent Address (1) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Parent Address (2) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Participants must have a learning challenge as evidenced by any two: Teacher, Coach, Tutor, Doctor or Parent. Each needs to fill out an evaluation and submit this separately from the original application. Be sure to give the individual a form to fill out on your behalf.

Name of sponsoring individual \_\_\_\_\_

Email \_\_\_\_\_ Company or position \_\_\_\_\_

Phone \_\_\_\_\_



**ELGIBILITY FOR SCHOLARSHIP FOR JENNY'S WISH**

**Office use only**

Today's Date \_\_\_\_\_

Child's Name: \_\_\_\_\_

	<u>1</u>	<u>2</u>	<u>3</u>	<b><u>Amount Awarded</u></b>
<b><u>Amount requesting</u></b>				
<b><u>Academic or athletic</u></b>				
<b><u>Is the disability diagnosed?</u></b>				
<b><u>Is the disability verified by two sponsors?</u></b>				
<b><u>Are participates willing to complete volunteer work?</u></b>				
<b><u>Do they have someone to monitor hours?</u></b>				
<b><u>Has child received funds prior?</u></b>				
<b><u># of weeks before event?</u></b>				
<b><u>Financial need?</u></b>				

Amount Awarded \_\_\_\_\_

Amount Sent \_\_\_\_\_ to \_\_\_\_\_

Letter sent to applicant notifying of award \_\_\_\_\_ Date \_\_\_\_\_

Check no. \_\_\_\_\_

Award Denied:

Letter sent to applicant \_\_\_\_\_ Date \_\_\_\_\_

Board Member Signature \_\_\_\_\_

President Signature \_\_\_\_\_