



Family Learning Vacation 2009 Scholarship Application

If your family needs financial assistance to attend Family Learning Vacation, please answer the following questions and return to CDHH with your FLV registration form by June 22. Please note, only *partial* scholarships will be awarded, and a limited number of scholarships are available. Special consideration will be given to first time attendees.

All applications will be reviewed by the FLV scholarship committee and you will be contacted by **July 14** to let you know if you will be receiving a scholarship. All information is confidential and will be used solely for determination of the current year's scholarship awards. Decisions are at the sole discretion of the FLV scholarship committee.

• **Contact information:**

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____ Email: _____

• **Number of people in your family:** _____ • **Total Household Income:** \$ _____

• **Number of d/Deaf or hard of hearing children in your family** (*please include ages of each child*):

• **Special Circumstances / Information to be Considered:** _____

• **Have you ever received an FLV scholarship in the past?** YES / NO

• **How much are you able to contribute toward your registration fee for the 2009 FLV weekend?**

75% of the Cost 50% of the Cost 25% of the Cost Other: _____

Please return by June 22 WITH your registration form to:

CDHH/FLV

10243 W. National Avenue

West Allis, WI 53227

kmalak@cdhh.org

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414-604-2200 (Voice) – 888-742-7651 (TTY) – Fax: 414-604-7200
Website: www.cdhh.org

