

SCHOLARSHIP—TUITION ASSISTANCE INFORMATION
APPLICATION-REQUEST FORM
SLINGERLAND SUMMER SCHOOL (SSS) 2023
DYSLEXIA EVALUATION AND REMEDIATION CLINIC (DERC)

Nancy Cushen White, Ed.D., Director
Dyslexia Evaluation and Remediation Clinic (DERC)
300 Frederick Street
San Francisco, CA 94117
sssDERC2023@gmail.com
415-753-0701 FAX

Dear Parents,

If your child needs tuition assistance to be able to attend Slingerland Summer School, please fill out the [Scholarship—Tuition Assistance Application-Request Form](#) COMPLETELY. Please [type](#) this important information—or [write clearly and legibly](#).

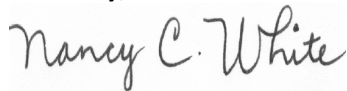
Send your [\(1\) Scholarship—Tuition Assistance Application-Request Form](#) and [\(2\) *required tuition deposit with \(3\) Parts 1 and 2 \(pages 1-4\)](#) of your child's [Slingerland Summer School Application](#) to DERC at the USPS address above (300 Frederick St-San Francisco-CA-94117) OR via email (sssDERC2023@gmail.com) OR by fax (415-753-0701).

Scholarship funds are limited, so the sooner your request is received, the better your chances of receiving tuition assistance.

If you are requesting tuition assistance, [*please send a deposit of 40% of the total amount of tuition you can afford to pay with your application. You must indicate the total amount of tuition you can afford to pay on your Scholarship—Tuition Assistance Application-Request Form.](#) Your request cannot be considered without it.

Please send any questions you may have [via email](#). **WE WANT EVERY CHILD WHO NEEDS TO COME TO SUMMER SCHOOL TO HAVE THE OPPORTUNITY TO ATTEND.**

Sincerely,



Nancy Cushen White, Ed.D.
Slingerland Summer School Director

***YOUR REQUEST FOR SCHOLARSHIP ASSISTANCE CANNOT BE CONSIDERED WITHOUT ALL INFORMATION REQUESTED. THERE ARE NO FULL SCHOLARSHIPS. IN ORDER TO CONSIDER YOUR REQUEST, *WE NEED TO KNOW THE AMOUNT OF TUITION THAT YOUR FAMILY IS ABLE TO CONTRIBUTE, AND YOU NEED TO SEND A DEPOSIT OF 40% OF THAT AMOUNT WITH YOUR COMPLETED APPLICATION.**

SCHOLARSHIP—TUITION ASSISTANCE INFORMATION
APPLICATION-REQUEST FORM
SLINGERLAND SUMMER SCHOOL (SSS) 2023
DYSLEXIA EVALUATION AND REMEDIATION CLINIC (DERC)

Student's Name _____

Date of Birth _____ Age _____ Current Grade in School _____

Guardian/Parent Name _____

Phone _____
Cell Phone Daytime Phone Evening Phone

Email _____
PLEASE PRINT LEGIBLY

USPS Mailing Address _____

City _____ Zipcode _____

***Total** Amount of Tuition Your Family Can Afford to Pay _____

****Tuition Deposit Enclosed (40% of Amount Indicated Above)** _____

Reason for Request _____

USE ADDITIONAL PAPER IF YOU NEED MORE SPACE.

SEND (1) COMPLETED SCHOLARSHIP—TUITION ASSISTANCE APPLICATION-REQUEST FORM AND
(2) REQUIRED 40% DEPOSIT WITH (3) COMPLETED SLINGERLAND SUMMER SCHOOL APPLICATION (pages 1-4):

DERC-USPS:
DERC—Nancy Cushen White
300 Frederick Street
SAN FRANCISCO, CA 94117

DERC-EMAIL:
sssDERC2023@gmail.com

DERC-FAX:
415-753-0701