



Scholarship Request

Complete one form per person in your household requesting a scholarship to attend a Dream House Family for Keeps™ education and skills training course. Please PRINT CLEARLY and complete all sections of this form so that we may best serve you. All information will remain confidential.

Name: _____ Today's Date: _____

Home Address: _____

City: _____ State: _____ Zip: _____ County: _____

Preferred Telephone: () _____ Email: _____

Parent/Caregiver – Please check all that apply:

Foster Adoptive Biological Respite Other _____

Are you the primary caregiver in the home? Yes No

If yes, do you have a secondary caregiver? Yes No

If no, are you the secondary caregiver? Yes No

If you are a foster parent, name the agency or organization with which you are associated:

If you are a foster parent, how long have you had foster children in your home? _____

Total number of children in your home? _____ Number of biological children in your home? _____

Do you have any medically fragile children in your home? Yes No

Please list the **AGE**, **RACE** and **PRIMARY DIAGNOSIS** of the medically fragile child(ren) in your home:

AGE	RACE	PRIMARY MEDICAL DIAGNOSIS

How did you learn about this the Dream House Family for Keeps education and skills training opportunity?

Why are you interested in this training?

I am aware that Family for Keeps is a multi-part course that builds from one class to the other and that I will only receive training hours when all portions of the course(s) have been completed. My signature acknowledges I understand requirements for receiving course credit.

Participant Signature _____

_____ Date

Please mail this scholarship application along with your registration materials.