

# Assistance Program Fee Waiver Application for Individual Membership

Dear Learning Ally applicant:

Learning Ally is a nonprofit organization that relies on public and private funding for support. The membership fees paid by both schools and individuals cover only a small portion of the total cost of providing service to our members.

Although membership fees are asked of individuals, we understand that for some people these fees present a financial burden. Learning Ally will not deny service to any individual who can demonstrate serious financial need. If you would like to be considered for a fee waiver, please complete this entire form\* and return it to Learning Ally with your completed membership application.

If you have received Learning Ally services through your school, state Vocational Rehabilitation or a Blind Services agency, please contact them regarding payment of Learning Ally membership fees.

## **PART A**

**IMPORTANT:** If any part of this form is incomplete, the membership will not be processed.

Name of applicant: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Annual household income: \_\_\_\_\_ Total Household Members (children and adults): \_\_\_\_\_

Is the applicant a veteran?      Yes      No

Is the applicant, or the applicant's parent, eligible for public financial aid or SSI (Supplemental Security Income)?  
Yes      No

Is the applicant eligible for free or reduced school lunch?      Yes      No

If you can make even a partial payment it would be appreciated:

A check in the amount of \$ \_\_\_\_\_ is enclosed as partial payment.

\*The completion of this form does not guarantee that your fee waiver application will be approved.

**PART B**

Please share with us the challenges you or your child are experiencing in education:

I give permission for Learning Ally to include content from PART B of this form in online and print materials.

Yes      No

Note: The approval of your application is not influenced by your willingness to let us share this information.

I acknowledge that I have read and understood this entire form. I verify that all of the information provided is accurate.

Note: If the applicant is under 18, the signature of the applicant’s parent or legal guardian must be provided.

Applicant’s signature: \_\_\_\_\_

Print name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of parent or legal guardian: \_\_\_\_\_

Print name: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

Return this form along with your completed individual membership application form(s) to:

Learning Ally  
Attn: Member Services  
20 Roszel Road, Princeton, NJ 08540

800.221.4792