



Office: (954)-246-9171

Address: 3141 SW 118 Terrace, Davie, FL 33330

Fax: (954)-414-8363

Email: [Info@bitbybittherapy.org](mailto:Info@bitbybittherapy.org)

Welcome! Please note that scholarships given by Bit-By-Bit are given on availability and first come, first serve basis. Completion of this application does NOT guarantee scholarships or services. It is recommended that you call the office at 954-246-9171 for updated scholarship funding BEFORE you complete this entire application.

## REQUIRED DOCUMENTS TO BE SUBMITTED WITH APPLICATION

**\*\*\* PLEASE NOTE THAT YOU CANNOT MAKE MORE THAN \$50,000.00 A YEAR COMBINED HOUSEHOLD INCOME TO BE CONSIDERED ELIGIBLE. \*\*\***

- Copy of Driver's License/Proof of Residency
- Social Security number
- Current pay stub
- 1 year current 1040 Tax Returns
- Self Employed: Current year 1040 and 1120 returns
- 1 month current bank statements on all accounts
- Recommendation letter from Doctor, Therapist or Social Worker
- A written recommendation from parent or caregiver why the applicant should be considered for the scholarship award
- If you are filling out this form as a legal guardian – please provide legal documentation



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## Application for Scholarship

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

### I am applying for:

\_\_\_\_\_ Partial Barn Fee Scholarship  
\_\_\_\_\_ Full Barn Fee Scholarship

\_\_\_\_\_ Private Scholarship  
(Partial)

EXISTING CLIENT \_\_\_\_\_

NEW CLIENT \_\_\_\_\_

### A. Family Information

Participants Name \_\_\_\_\_

Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ cell \_\_\_\_\_



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**Person Completing this Form (circle one):**

MOTHER      FATHER      STEPMOTHER      STEPFATHER      GUARDIAN

**MOTHER (or Female Legal Guardian):**

Name \_\_\_\_\_

Current Employer/Occupation \_\_\_\_\_

Name & Phone # of Immediate Supervisor \_\_\_\_\_

Employer Address \_\_\_\_\_

**FATHER (or Male Legal Guardian):**

Name \_\_\_\_\_

Current Employer/Occupation \_\_\_\_\_

Name & Phone # of Immediate Supervisor \_\_\_\_\_

Employer Address \_\_\_\_\_

**List ALL Persons Living in Household:**

	<u>Name</u>	<u>Age</u>	<u>Gender</u>	<u>Relationship to Child</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____



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## B. Monthly Income Sources (Gross)

	<u>Self</u>	<u>Spouse</u>
1. Salary	\$ _____	\$ _____
2. Child Support	\$ _____	\$ _____
3. Alimony	\$ _____	\$ _____
4. Social Security	\$ _____	\$ _____
5. Other Government Assistance	\$ _____	\$ _____
6. Disability	\$ _____	\$ _____
7. Other (please specify) _____	\$ _____	\$ _____
Total Monthly Income..	\$ _____	\$ _____



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## C. Expenses

### Home

Rent ( ) Monthly Payment \$ \_\_\_\_\_  
 Own ( ) Monthly Payment \$ \_\_\_\_\_

### Automobiles:

Describe each make/model year/tag #

1. \_\_\_\_\_ Own ( ) Lease ( ) Payment \$ \_\_\_\_\_
2. \_\_\_\_\_ Own ( ) Lease ( ) Payment \$ \_\_\_\_\_
3. \_\_\_\_\_ Own ( ) Lease ( ) Payment \$ \_\_\_\_\_

### Monthly Expenses

1. Maintenance/Association Fees \$ \_\_\_\_\_
2. Utilities \$ \_\_\_\_\_
3. Medical/Dental Insurance & Expenses \$ \_\_\_\_\_
4. Insurance (Life, Auto & Other) \$ \_\_\_\_\_
5. Credit Card Payments \$ \_\_\_\_\_
6. Alimony or Child Support \$ \_\_\_\_\_
7. Preschool/After School Care \$ \_\_\_\_\_
8. Additional Childcare Expenses \$ \_\_\_\_\_
9. Other Expenses (explain) \$ \_\_\_\_\_  
 a. \_\_\_\_\_  
 b. \_\_\_\_\_

**Total Monthly Expenses \$ \_\_\_\_\_**

Do you share household expenses with another adult?

( ) Yes ( ) No



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## D. Extenuating Circumstances

Please specify all additional Extenuating Circumstances:

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**PLEASE ATTACH A LETTER FROM PARENT (CARE GIVER) EXPLAINING WHY YOU THINK YOUR CHILD SHOULD BE A CANDIDATE FOR THIS SCHOLARSHIP.**

## **IMPORTANT**

I hereby state that the information shown on this form and any supporting documentation is accurate and will sign an authorization for release of information.

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Signature of Parent/Guardian

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Date



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## **AUTHORIZATION TO OBTAIN EMPLOYMENT INFORMATION**

TO: \_\_\_\_\_  
\_\_\_\_\_

NAME: \_\_\_\_\_

DOB: \_\_\_/\_\_\_/\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_

You are hereby authorized to release to Bit-By-Bit, Inc., any and all information which may be required regarding my employment, including, but not limited to the following:

- verification of current employment status
- salary and/or wage information (including bonuses, commissions)
- wage statements
- W-2 or 1099 forms
- or any other information specifically requested even if not specifically stated herein

A copy of this authorization shall be deemed as effective as if an authorization was being provided containing my original signature. This authorization shall remain in full force and effect as to any requests made of you by Bit-By-Bit, Inc.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINT NAME