

SCHOLARSHIP FORM

**THE NORMA G. CANNER FOUNDATION FOR
VOICE MOVEMENT THERAPY, INC, 501©(3), EIN 74-3131087, FID# 73-3131087**

The NGCF is a not-for-profit organization which promotes the work of VMT through approved training programs, classes, concert-demonstrations and special projects. Trainings are open to any individual, inclusive of race, religion, age, sexual orientation or gender identification, who has a strong commitment to train in this work and who is physically and emotionally ready to undergo an intense and demanding process. Scholarship assistance is provided based on financial need and is allocated towards tuition.

INFORMATION

Please record all financial information in US dollars (USD)

Your Name

Your Home Address

City	State or Province	Zip/Postal Code/Country
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Home Phone	Cell Phone (optional)	E-mail Address
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Employer	Annual Income
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Spouse/Partner/Other Family Member who shares expenses or otherwise provides financial support

Home Address

City	State or Province	Zip/Postal Code/Country
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Day Phone	Evening Phone	E-mail
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Employer	Annual Income
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HOUSEHOLD INFORMATION

Do you rent your home?

Yes__ No__ If yes, monthly rental cost _____

Do you own your home?

Yes__ No__ If yes, current market value_____ Equity_____

Do you own other real estate?

Yes__ No__ If yes, current Market value_____ Equity_____
If this is investment property, its yearly income_____**VEHICLE INFORMATION**

Vehicle #1 Make _____ Model _____ Year _____

Vehicle #2 Make _____ Model _____ Year _____

DEPENDENTS LIVING WITH YOU

Name of child	Age	School Attending	Tuition, if any
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Name of Child	Age	School Attending	Tuition, if any
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 Additional or Other

OTHER FINANCIAL ASSETS, such as stocks, bonds, savings accounts, CDs, money market funds, trusts, second homes, boats, motor homes, etc: Please list on the back of this page.

SPECIAL CIRCUMSTANCES: Below or on the next page, or on a separate sheet, please detail any extraordinary circumstances such as medical expenses, outstanding loans, recent layoffs or job irregularity due to profession, etc, which we should consider during our evaluation.

Signature _____

Date _____

SCHOLARSHIP PROGRAM

Approved training programs are priced as inexpensively as possible to enable individuals from many different backgrounds and locations to attend. We do our very best to provide essential financial assistance to individuals who otherwise could not participate in this program, but our funds are limited. Please consider carefully *your need for financial assistance* and the *amount* of your scholarship request. *Decisions regarding financial assistance are made at the sole discretion of NGCF and these decisions are final.*

SCHOLARSHIP APPLICATION CHECKLIST

What is required is a signed and completed scholarship form, including all requested information.

IMPORTANT: For security reasons, please send scholarship requests **BY POST**, **NOT in an email attachment or in the body of the text.** Also check to make certain that the postal service you use will deliver to a P.O Box.

Send to:

The Norma G. Canner Foundation for Voice Movement Therapy,
PO Box 3315,
Oak Bluffs, MA 02557, USA.