



THE READING GROUP

The Reading Group Scholarship Policies

Please read and initial each item and sign and date this page at the bottom. Thank you.

___ **Scholarship lessons** must be completed within 12 weeks of the start date or the scholarship will be forfeited.

___ **Rescheduling a missed lesson** is dependent upon teacher and student availability and should be discussed with your child's instructor. The parent/guardian is responsible for notifying us about the need to cancel a lesson 24 hours before the lesson is scheduled to begin.

___ **Failure to notify us and frequent absenteeism** affects student progress and can cause undue inconvenience for the instructor. Excessive absenteeism and rescheduling may result in termination of the scholarship at the discretion of the instructor.

___ **Partial scholarship payments** may be made in equal installments. Each installment is due at the start of each lesson. Failure to give 24 hours notice when not attending will result in being charged for the lesson.

___ **Payment may be made by check, credit or debit card** (Mastercard, Visa and Discover) or on line via our website at www.readinggroup.org. Make checks payable to The Reading Group and **write your child's full name on the memo line of your check**. Checks may be turned in to the office or mailed to The Reading Group. **Returned checks will be charged a \$25 handling fee.**

___ **Supervision:** Students under the age of 15 must be escorted to the waiting room by a parent or responsible adult. Instructors will meet students in this area when it is time for their lesson. **Please do not leave children unattended in the waiting room.**

___ **Enrollment/Attendance: Lessons are scheduled in sets of 10 one hour lessons, usually once a week over a ten week period.** It is expected that students will attend all ten lessons. The Reading Group is closed on the following holidays: Memorial Day, Independence Day (July 4), Labor Day, Thanksgiving (Thursday and Friday), Christmas (December 24 and 25), and New Year's (December 31 and January 1). If your student is unable to attend a regularly scheduled lesson for any reason (other than these planned holidays), please contact the instructor or The Reading Group office as soon as possible.

___ **Parent Participation:** A parent or representative is asked to observe the last ten minutes of each session. Please plan to join your child and the instructor at this time to observe, ask questions, and share information. Because lessons are scheduled back to back, the instructor cannot meet with you after the lesson ends.

___ **Written Reports:** Upon the completion of your child's ten lessons, you may request a written report summarizing your child's lessons, methods used, observations and recommendations. There is a \$25 charge for this report. Please let your child's instructor know if you would like this additional service.

___ **Email and Direct Mail:** The Reading Group will periodically send electronic newsletters and printed marketing communications to individuals and families in our database. If you do not wish to receive these, please let us know.

___ **The Reading Group will be closed if Champaign Unit 4 Schools are cancelled due to inclement weather. Parents should also check The Reading Group's Facebook page to learn if we are open or closed.**

Parent or Guardian

Date

3011A Village Office Place, Champaign, Illinois 61822
Phone: 217-351-9144; Fax: 217-351-9149; www.readinggroup.org



THE READING GROUP

All information on this form will be kept confidential; it will be used only by The Reading Group Scholarship Committee and instructors working with the student.

The Reading Group Scholarship Application (To be completed by the parent/guardian)

Today's Date: _____

Child/Applicant's Name _____ Birthdate _____

Parents/guardians _____

Address _____

City _____ State _____ Zip _____ County _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email Address _____

If you are the child's legal guardian, please indicate your relationship with the child:

Foster parent Relative (please specify) _____ Other (please specify) _____

Include at least three letters that describe the academic and/or financial needs of the student and family, as well as any outstanding gifts the student has shown. One of these letters needs to be from a parent or guardian and two letters need to be from an educator familiar with the student's academic needs. *Please return all materials with this application to The Reading Group, 3011A Village Office Place, Champaign, IL 61822.*

Household members:

Adults

Name	Gender	Age	Relationship
1. _____			
2. _____			
3. _____			

Children

Name	Gender	Age	Relationship
4. _____			
5. _____			
6. _____			
7. _____			
8. _____			
9. _____			

Do any household members listed above have a disability? Yes _____ No _____

If yes, please describe: _____

Please list gross monthly income for all adult household members. Please check appropriate box(es) and write in income amounts:

- | | |
|--|--|
| <input type="checkbox"/> Employment _____ | <input type="checkbox"/> Employment (second job) _____ |
| <input type="checkbox"/> Public assistance _____ | <input type="checkbox"/> Township assistance _____ |
| <input type="checkbox"/> Social Security/SSI _____ | <input type="checkbox"/> Unemployment _____ |
| <input type="checkbox"/> Child support _____ | <input type="checkbox"/> Food stamps _____ |
| <input type="checkbox"/> Other _____ | |

Do you have a medical card? Yes _____ No _____

Please list the following information for all adults in household:

Employer/company	Address	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

Application affirmation:

I certify that the above information is an accurate and complete disclosure of the requested information. I understand that any falsification of information will disqualify my eligibility for a scholarship from The Reading Group.

Parent/guardian signature

Date

Please complete the attached Learning Difficulty Checklist.

Learning Difficulty Checklist

The Reading Group Scholarship Application

Student Name: _____

Please check any of the learning difficulties listed below that the student demonstrates:

- slowness in learning to read
- tendency to use vowels interchangeably
- difficulty rhyming
- poor spelling
- slow, choppy, inaccurate reading
- guesses based on shape or context
- skips or misreads prepositions (at, to, of)
- ignores suffixes
- can't sound out unknown words
- difficulty remembering sight words
- mixing up sounds and syllables in long words
(e.g. aanimal for animal)
- poor handwriting
- doesn't know address, phone number, ABC's
- difficulty learning to tie shoes
- confuses right and left
- when speaking, trouble finding the correct word
- letter or number reversals
- difficulty memorizing math facts



THE READING GROUP

Parent Letter The Reading Group Scholarship Application

Parent(s) Name

Child's Name

Today's Date

Describe your concerns regarding your child's learning difficulties (i.e. what problems s/he is having and how long this has been going on, past and/or current additional academic support at school or outside of school, and current teacher concerns).

Also include information about your financial concerns and whether you are requesting assistance for a partial or complete scholarship. (NOTE: If this is a repeat application, please indicate whether there have been any changes in your financial needs since original application, and, if so, how things have changed.)



Financial Certification for Scholarship

(To be completed by the Parent/Guardian)

Please check the number of individuals, including adults, in your family/household and the income level for the household.

Family Size (# of persons)	Income Level
1	\$50,133 or more 24,120 or less 15,075 or less 12,060 or less
2	\$65,659 or more 32,480 or less 20,300 or less 16,240 or less
3	\$75,454 or more 40,840 or less 25,525 or less 20,420 or less
4	\$90,080 or more 49,200 or less 30,750 or less 24,600 or less
5	\$98,480 or more 57,560 or less 35,975 or less 28,780 or less
6	\$106,880 or more 65,920 or less 41,200 or less 32,960 or less
7	\$115,280 or more 74,280 or less 46,425 or less 37,140 or less

Please complete the information below and return this form, along with a recent paycheck stub from all income earners in the home, the first two pages of your most recent tax return, and a copy of your W-2.

Parent/Guardian signature _____ Family's yearly income _____
 Name of Student _____ Age _____
 Address: Street _____ City _____ State ____ Zip _____
 Phone: Home (____) ____ - _____ Work (____) ____ - _____ Cell (____) ____ - _____ Email: _____

Income level information based on 2016 U.S. Dept. of Health and Human Services and the U.S. Dept. of Justice Census Bureau Median Family Income 2016.



THE READING GROUP

Parent Application Checklist

The Reading Group Scholarship Application

Please use this checklist to help complete the application process. The Scholarship Committee will only consider those applications that have the following components completed.

- Scholarship Application (3 pages, including Learning Difficulty Checklist)
- Parent Letter
- Scholarship Recommendation
 - Teacher 1 _____
 - Teacher 2 _____
- Financial Certification Form
- Financial Verification – Must have one of the following:
 - W-2 Form _____
 - All Kids Card _____
 - Public Aid Card _____
 - Medicaid Card _____

Return the completed application to:

The Reading Group, 3011A Village Office Place, Champaign, Illinois
61822 Phone: 217-351-9144; Fax: 217-351-9149;
wcrowder@readinggroup.org
www.readinggroup.org