

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

