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.

(continue on next page)

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: custserv@learningally.org

Or:

Learning Ally
Attn: Member Services
20 Roszel Road, Princeton, NJ 08540
Phone:800.221.4792
Fax: 609.751.5263

Learn more by visiting
LearningAlly.org. | 800.221.1098