



Thank you for applying for our Intensive Scholarship Program. Please answer these questions to the best of your abilities. Each question helps us determine eligibility for the scholarship. In addition to this questionnaire, please attach an additional write up telling us about your child, your family, your history with intensive therapy, and any additional info you would like to be considered in the scholarship evaluation process.

Childs Name: _____

Child's Date of Birth: _____

Parent/Guardian/Contact Person's Name: _____

Contact Phone Number: _____

Contact Address: _____

Contact Email Address: _____

Please List All Active Therapy Diagnoses (Examples; Cerebral Palsy, Prader Willi Syndrome, etc)

Have you been scheduled for an Intensive in 2024? _____

If yes, where and when will this service take place? _____

Who will be attending the Intensive with the child? _____

What services will be used in this intensive and for what frequency (PT,OT, ST, etc-how many hours per day, how many days per week, how many weeks)? _____

What is the expected financial cost for this intensive as charged by the provider? _____

What is the total expected expense of intensive to family including travel expense, lodging, therapeutic services mentioned in the previous question, etc? _____

How much funding have you raised to date for this experience? _____

How many intensives has this child participated in in the last year? Please list those opportunities, dates and location. _____

Does this child receive weekly therapy sessions routinely? If yes, please list those services and frequencies. _____

Is your weekly therapist in collaboration with the intensive program? _____

Would your weekly therapist/s be willing to write a recommendation for this intensive scholarship? _____

Would your pediatrician be willing to write a letter of recommendation for this intensive scholarship? _____

Family Demographics

How many individuals are living in home with this child? Please Describe the family dynamic.

What is the combined Adjusted Gross Income for the home as reported to the IRS for the last tax season? _____

Developmental Motor Skills

Can the child stand unassisted (no device or caregiver support)? _____

Can the child walk unassisted (no device or caregiver support)? _____

Can the child walk using a Device? If so, what kind of assistive device? _____

Can the child sit unattended? _____

Can the child roll each direction? _____

Can the child crawl? _____

Can the child roll? _____

Can the child lift their head if in quadruped (on all 4's)? _____

Has the child been identified as a "Problem Feeder" by physician? _____

Does your child eat at least 30 different total foods? _____

Does your child independently use a spoon/fork? _____

Does the child have a G, J or NG tube? _____

How many words does the child currently use verbally? _____

Does the child have an augmentative and alternative communication device (AAC)? If so

please describe. _____

Do you have a current swallow study? _____

Does your child have any sensory processing differences? If yes, please describe?

Does your child independently complete any daily activities such as brushing teeth, bathing, morning routine, etc.? If no, describe independence level.

What are your hopeful outcomes of attending the Intensive described previously?

Please attach any additional information about the child, family, intensive history, functional abilities or any other info you would like to have considered in determination of this scholarship. We love seeing your pictures!

The Brave Like a Lion Scholarship is a product of the Resilient Arrow Project (501C-3). It was established in 2023 to assist families as they attend Intensive Programs in memorial to James Ryan Henson, Jr. All donations to this foundation are tax deductible. All proceeds are contributed to the therapy community.