



311 N. Orange St, New Smyrna Beach, FL 32168

# Upward Trend Foundation Application for Scholarship

**Note: Deadline July 31<sup>st</sup> (for August disbursement)  
January 31<sup>st</sup> (for February disbursement)**

## **Mission:**

The Upward Trend Foundation serves students with disabilities by helping them access evidence-based alternative school and therapy options to help them have an upward trend in all areas of development. The funds raised will support local students with disabilities and their families to offset the costs and increase access to local evidence-based support such as educational programming, tutoring, or therapies. Additionally, The Upward Trend Foundation will support programs that provide evidence-based educational support for students with disabilities.

Child's Name: \_\_\_\_\_ Child's Age: \_\_\_\_\_ Child's DOB: \_\_\_\_\_

Parent Phone Number: \_\_\_\_\_ Parent Email: \_\_\_\_\_

## **Edibility Checklist**

- Does your child reside in Southeast Volusia County? (Edgewater, Oak Hill, New Smyrna, Port Orange)
- Is your child enrolled in an evidence-based program?  
(must have the provider fill out the attached document)
- Does your child have a medical diagnosis, IEP, or a suspected diagnosis?

## **Background Information:**

Child's Gender: \_\_\_\_\_ Child's Ethnicity: \_\_\_\_\_

Address: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Who does the child live with? \_\_\_\_\_

What programs/therapies is your child currently enrolled in?

---



311 N. Orange St, New Smyrna Beach, FL 32168

---

---

**What are your estimated annual out-of-pocket costs associated with the above programs?**

---

**Do you qualify for Florida Medicaid? YES or NO**

**Did you apply for state funding (Step Up for Student Scholarship)? YES or NO**

**Did you get awarded through Step Up for Students? YES or NO**

**Does your child have health insurance? \_\_\_\_\_**

**Does your child have a medical diagnosis or suspected diagnosis? \_\_\_\_\_**

**GETTING TO KNOW YOUR CHILD**

**Identify some of your child's strengths and challenges that may be helpful for us to know and why they would benefit from evidence-based programming.**

---

---

---

**What grade is the student in: \_\_\_\_\_ Name of school: \_\_\_\_\_**

**Do you have any concerns with your child's communication skills? How does your child communicate?**

---

**Are you concerned about your child's academic skills (reading and math)?**

---

**Do you have any concerns with your child's social interactions with others?**

---

**Does your child have any challenging behaviors?**

---

**Any additional information you would like us to know about your child that could assist the grant committee:**



311 N. Orange St, New Smyrna Beach, FL 32168

---

**Have you received assistance from Upward Trend Foundation previously? YES or NO**  
**Have you sought funding from any other sources? If yes, please specify:**

---

---

---

**Total Amount of Funds Requested and Cost Breakdown:**

*\* Please note we are only able to award up to \$5,000 per applicant per calendar year. Please detail how the funds will be utilized.*

---

---

---

---

---

The applicant certifies that the information on this form is accurate and complete to the best of their knowledge. The applicant agrees to cooperate with the Board of Directors or the Scholarship Committee Representative regarding this scholarship application by providing additional information that may be required, including financial information. The applicant understands that the activities funded by the scholarship may involve hazards. Although Upward Trend Foundation may fund these activities, Upward Trend Foundation does not prescribe, approve, or supervise the activities in any way. Applicant expressly and specifically assumes the risk of injury or harm in any activities and releases Upward Trend Foundation from all liability for injury, illness, death, or property damage resulting from the activities.

---

**Parent/Guardian Signature**

**Date**

---

**Parent/Guardian Printed Name**

**Primary Phone Number**



311 N. Orange St, New Smyrna Beach, FL 32168

**Please have the service provider fill out the attached document:**

**Evidence-Based Programming**

The goal of the Upward Trend Foundation is to remove families’ financial burdens so they can access evidence-based programs for their children. Access to adequate education and support is essential for students with disabilities. Funds can only be used for programs offering evidence-based support.

---

**Evidence-Based Program Quality Indicators**

Evidence-based clinical practice (EBCP) has become essential for improving healthcare and education decision-making. Evidence-based practices are based on the definitions in the What Works Clearinghouse recommendations for service providers for Tier 3 students and are supported by peer-reviewed research. Please indicate what type of interventions you will utilize:

---

---

---

---

---

**What skill deficits will be targeted through the intervention?**

- Reading
- Math
- Communication
- Social Skills
- Diagnostic Testing

The Upward Trend Foundation utilizes a comprehensive quality monitoring program that measures outcomes for various programs and providers accessed by receiving the scholarship. Each scholarship participant is required to fill out a provider evaluation form so we can track the individual’s success in the program they attended.



311 N. Orange St, New Smyrna Beach, FL 32168

Are you willing to collect progress monitoring data to submit within 3 months of servicing the scholarship recipient? (circle one)    **YES** or   **NO**