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

Upward Trend Foundation Application for Scholarship

Note: Deadline July 31st (for August disbursement)
January 31st (for February disbursement)

Mission:

The Upward Trend Foundation helps local families of children with disabilities access evidence-based services like private education, behavior therapy, tutoring, and more. Through fundraising and community support, we provide scholarships that reduce the financial burden on families, making it easier for children to get the help they need to grow, learn, and thrive.

Child's Name: _____ Child's Age: _____ Child's DOB: _____

Parent Phone Number: _____ Parent Email: _____

Eligibility Checklist

- Does your child reside in Southeast Volusia County? (Edgewater, Oak Hill, New Smyrna, Port Orange, Deland)
- Is your child enrolled in an evidence-based program AND is a provider form attached?
  (A Provider Form must be completed by any school, therapist, tutor, clinic, program, or organization that will receive scholarship funds)
- 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?

_____

_____

_____

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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 awarded for state funding through Step Up for Students Scholarship? **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:

_____
_____

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

_____
_____

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Total Amount of Funds Requested and Cost Breakdown:

** Please note we are only able to award up to $5,000 per family 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**

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PROVIDER VERIFICATION FORM

TO BE COMPLETED BY THE ORGANIZATION RECEIVING SCHOLARSHIP FUNDS

Parents/Guardians p**lease stop here.** The following section must be completed by any provider who will receive payment from Upward Trend Foundation. For purposes of this scholarship, the provider is the school, therapist, tutor, clinic, program, or organization providing the requested service and to whom Upward Trend Foundation will issue payment if the scholarship is awarded. Scholarship funds are paid directly to the approved provider and are not paid or reimbursed directly to the parent/guardian.

Provider/Organization Name: _____

Service Being Provided: _____

Name of Child/Scholarship Applicant: _____

Amount Requested for This Provider: $_____

Address Where Payment Should Be Sent: _____

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 Wat 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:

_____

_____

_____

_____

_____

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