

Berard Auditory Integration Training Systems, Inc.

www.aithelps.com

690 Boyd Rd., Leicester, NC 28748

Phone: 828-683-6900 Fax: 828-683-0303 Email: info@aithelps.com

Scholarship and Payment Plan Application

Once your evaluation appointment is scheduled, we will be able to accept your application for alternative funding sources such as scholarship and/or payment plans. We have seen such good results with AIT, we are committed to making it available to anyone who is qualified for the program.

Scholarship / Subsidy / Grant Opportunities

When you submit a scholarship application, we ask that you also look into other possible sources of financial support in your community. For example, please contact your local church or synagogue, other family members, or service organizations such as Kiwanis, Rotary, or Lion's Club to inquire about any grants or support that they might be willing to provide.

Payment Plans

We offer interest-free payment plans for up to one year. Please let us know what you can budget. At a minimum we ask for monthly payments on either the 1st or 15th of each month payable by MasterCard or Visa or post-dated checks. Any fees not covered by scholarship are, of course, the responsibility of the client or guardian.

APPLICANT INFORMATION

Date: _____ Date of Birth: _____

Applicant Name (self or child): _____

Occupation/School of Client: _____

Name of Spouse or Parent: _____ Occupation: _____

Address: _____

Phone (H): _____ Phone (Cell): _____

Number of people in household: _____

Payment Plan Request:

Do you need a payment plan? Yes _____

If so, how much can you budget to pay on a monthly basis? \$ _____

Do you prefer payments to be drawn on the 1st _____ or the 15th _____ of each month? Please provide Credit Card #(MasterCard/Visa) or post-dated checks.

Or request other plan (must be paid in full by 1 year or 10% interest will be charged.)

Please note any attempts made to secure other funding sources and other special circumstances that you would like us to take into consideration:

Client Name: _____

SCHOLARSHIP REQUEST INFORMATION

<u>INCOME (GROSS)</u>	<u>Monthly</u>	<u>Yearly</u>
Self:	_____	_____
Spouse:	_____	_____
Others:	_____	_____
Other sources:	_____	_____
Alimony:	_____	_____
Childcare:	_____	_____
Rental:	_____	_____
Government:	_____	_____
Sub-Total =	_____	_____

<u>EXPENSES</u>	<u>Monthly</u>	<u>Yearly</u>
Mortgage:	_____	_____
Rent:	_____	_____
Utilities:	_____	_____
Alimony	_____	_____
Childcare:	_____	_____
Medical:	_____	_____
Educational:	_____	_____
Credit Card:	_____	_____
Other (specify):	_____	_____
Sub-Total =	_____	_____
Net (Income minus Expenses)	_____	_____