



## Martin Miracles Scholarship Application Form

Qualifications are as follows: Any K-12 student who is an Arizona resident with a disability documented as having one of the thirteen categories as defined by the Individuals Disabilities Education Act (IDEA). These thirteen categories are as follows: Autism; Blindness; Deafness; Emotional Disturbance; Hearing Impairment; Intellectual Disability; Multiple Disabilities; Orthopedic Impairment; Other Health Impairment; Specific Learning Disability; Speech or Language Impairment; Traumatic Brain Injury; Visual Impairment. Applicant must have a current Individual Education Plan (IEP) or a 504-accommodation plan in order to be approved for a Martin Miracle Scholarship. Please complete and submit the application form, attach your child's current IEP or 504 Plan, and all supplemental paperwork. The applicant will then receive notification that the scholarship was either awarded, waitlisted, or denied. Scholarships are awarded based on availability. As provided for in the documents comprising the Application Packet, information will be held confidential; any release of information will follow the terms of the documents in the Application Packet.

Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_  
First Middle Last

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ (MM/DD/YYYY) Age: \_\_\_\_ Grade: \_\_\_\_ SS# \_\_\_\_\_

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

Parent/Guardian's Name: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Single or Married \_\_\_\_\_ Driver's Lic or ID# \_\_\_\_\_

If divorced, are you the primary caregiver or Joint? \_\_\_\_\_ SS# \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

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

For Office Use Only:

Date Received \_\_\_\_\_  
IEP or 504 \_\_\_\_\_ Classification \_\_\_\_\_  
Status \_\_\_\_\_ Status Date \_\_\_\_\_  
Gift awarded & logged \_\_\_\_\_ Final Date \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Single or Married \_\_\_\_\_ Driver's Lic or ID# \_\_\_\_\_

If divorced, are you the primary caregiver or Joint? \_\_\_\_\_ SS# \_\_\_\_\_

In order to be applicable for the Martin Miracle Scholarship, your child must have a

\_\_\_\_ IEP or \_\_\_\_ 504 Plan Under what classification? \_\_\_\_\_

\*Please attach a copy of either your child's IEP or 504 Plan. In order to be preapproved, documentation is required for the scholarship.

I authorize Martin Miracles, Inc. to verify any and all information provided. I also state that all information provided on the application is accurate and true to my knowledge. I also understand that any false or misleading information given will automatically disqualify me from any current or future scholarships from Martin Miracles, Inc.

Print Parent/Guardian's Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Print Parent/Guardian's Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Email or mail completed application and all supporting documents to:

apply@martinmiracles.org

or

Martin Miracles, Inc.

P.O. Box 4328

Cave Creek, AZ 85327