



414 Bozeman Road
Madison, MS 39110
601.914.9200

**Magnolia Speech School
Application for Tuition Assistance
2024-2025 Academic Year**

Student Name: _____

Parent Name(s): _____

Please complete the questions below to the best of your ability:

1. How many children under 18 are living in your household?
2. How many children are currently attending Magnolia Speech School?
3. How long has your child been enrolled at Magnolia Speech School?
4. Has your child been identified as D/HH (Deaf or Hard-of-Hearing) or LI (Language Impaired)?
5. What other diagnoses or eligibility rulings has your child received?
6. Have any other children in your family ever attended Magnolia Speech School?
7. Do your child/children receive any scholarships?
8. If yes, please indicate which scholarships:
9. Please indicate any other scholarships or tuition assistance that your child receives.
10. Please list any other extenuating financial burdens on your family. This may include medical diagnoses, extended family living in the home, etc. (Use the back of this form if necessary.)
12. Please list what federal assistance for which your family is eligible. These may include SNAP or Medicaid.
13. Does your child receive "Medicaid for children with a disability living at home"?
13. How much income contributes to the household?
14. List any other information you feel is relevant to tuition-based financial assistance. (Use the back of this form if necessary.)

Parent Signature _____ Date: _____

Please attach your tax return if you've not already done so.

If you need additional information about any of the questions above, please contact Beverly Cunningham - beverly.cunningham@magnoliaspeechschool.org - 601.922.5530