

SEEPAC Scholarship Request Form

Limited scholarships are available. Scholarships are open to families residing in Orange County who are consumers of Regional Center of Orange County OR who have a child that is a patient at For OC Kids. Scholarships will be awarded based on need and the order that they are received. You will be notified of approval via the phone number you provide.

Please Note: *Families receiving scholarships must make a commitment to ATTEND ALL 6 SESSIONS of SEEPAC to be eligible.*

My child's name & birthdate:

This scholarship is requested for classes beginning on:

The reason I would like to attend SEEPAC:

My statement of financial need:

Name: _____

Address: _____

Home phone: _____ Cell phone: _____

Signature indicates - I agree to attend all 6 sessions of SEEPAC if this scholarship is awarded to my family:

FOR OFFICE USE ONLY

Date received: _____ Received by: _____

Approved by: _____ Date family notified: _____

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Becas están disponible pero limitadas. Las becas son para familias que viven en el Condado de Orange, consumidores del centro regional o pacientes de FOR OC KIDS. Las becas serán regaladas basadas en calificación y como sean recibidas. Usted será notificado de la aprobación por teléfono.

Las familias becada se COMPROMETEN A ATTENDER LAS 6 SESIONES para que sean elegibles.

Nombre del niño/a y fecha de nacimiento:

La beca deseada es para classes espesando:

Por favor explique la razón de querer participar las clases de SEEPAC:

Mi declaración de necesidad es:

Nombre: _____

Dirreccion: _____

Teléfono: _____ Celular: _____

La firma indica- Yo acepto atender las 6 sesiones the SEEPAC que fue becada para mi familia.

SOLAMENTE PARA LA OFICINA – For office use only

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