CHADD P2P SCHOLARSHIP APPLICATION

For Parent to Parent: Family Training on ADHD

Please submit this application for financial assistance available from the **CHADD National** office for the Parent to Parent Community or Online Class. Funds for this program are provided by Noven Pharmaceuticals for the second year. (Applications will be evaluated on first-come, first-serve basis.)

When awarded, this scholarship will entitle you to a:

$ **124.00 Discount** on the Registration Fee for the Parent to Parent Online Training (Fee for Scholarship Recipient – **$25.00**)

$ 100.00 Discount on the Registration Fee for the Parent to Parent Community Training (Fee for Scholarship Recipient -- **$25.00**)

☐ Check this box to indicate that my family/individual income… …DOES NOT EXCEED $40,000 (U.S.D.) per year.

☐ I agree to participate in at least six of the seven sessions

☐ **Circle Preference:** Online Class or Community Class

☐ I am a current member of CHADD.

☐ I am not a member of CHADD. Please include a free one-year CHADD individual/family membership with my approved scholarship.

Name: Mr./Ms./Mrs._____

Address: _____Apt #_____

City_____ State_____Zip_____

By Phone: cell (optional) (____) _____Home/Work (____) _____

Date/Time and Location of Class: _____

Name of Teacher for Community Class_____

Why do I need this scholarship? (*If more space is needed use back of form.)*

_____

_____

_____

Payment Information: Here is my $25 fee for the class.

❑ Credit Card No. _____ Exp Date _____

Name on Card_____ Circle: Visa MC Amex Discover

❑ Check Enclosed

Mail to CHADD Parent to Parent, 8181 Professional Pl, #150, Landover, MD 20785

FAX BACK TO CHADD: 301.306.7090