**Annual Ahava Scholarship Requests**

The annual Ahava Scholarship amount is $1,500 per child. The Ahava Committee meets quarterly to review new applications and requests. To expedite their decision process and your receipt of scholarship funds, list your potential requests for the year. Additional requests that you submit at a later date will be reviewed by the Committee at their next meeting. Please indicate in the second column how your child will benefit from the item/activity/treatment that you are requesting based on his/her diagnosis.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Name

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Item Description | Item Justification/Benefits | Vendor/Provider | Amount of Health Insurance Coverage | Out of Pocket Expense |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |