

Brooker Memorial Children's Dental Center
Application for Scholarship Assistance
Scholarship Program Year beginning May 1, 2016

Date: _____

Patient's Name(s): _____

Name of Parent/Guardian _____ Phone number _____

Does patient have dental insurance Yes _____ No _____

If yes, insurance company: _____

Family Size (number of adults and children living in the same household): _____

1. Gross Weekly Family Income: Wages _____
Other: _____
Total: _____

Or

2. Gross Annual Family Income: Wages _____
Other: _____
Total: _____

Signature of Individual Responsible for Patient _____

To be completed by office staff. Income at or below 70% of State Median Income (see other side):

Yes _____ (eligible for scholarship)

_____ For uninsured, eligible for minimum of \$10 per visit fee

_____ For uninsured, eligible for minimum of \$25 per visit fee

_____ For assistance with insurance co-payments, amount approved: _____

No _____ (not eligible for scholarship)

Reviewed by: _____

Most recent Federal Tax Return must be attached to application to be considered. Annual Tax Return must be submitted annually for continued eligibility for scholarship.

Return completed form and tax return to Brooker Dental, 157 Litchfield Street, Torrington, CT 06790
N/Dental/Policy-Proced./FrontDeskManual/Self Pay Scholarships/ScholarshipApplication

Brooker Memorial Children's Dental Center
Eligibility for Scholarship Assistance for Dental Care
Scholarship Program Year beginning May 1, 2016

Family Size	Eligible for Scholarship \$10.00 up to 37% of CT Median Income	Eligible for Scholarship \$25.00 up to 70% of CT Median Income
	Annual Income	Annual Income
2	0 – 26,718	26,719 – 50,548
3	26,719 – 33,005	33,006 – 62,442
4	33,006 – 39,330	39,331 – 74,335
5	39,331 – 45,579	45,580 – 86,229
6	45,580 – 51,865	51,866 – 98,123
7	51,866 – 53,044	53,045 – 100,353
8	53,045 – 54,223	54,224 – 102,583

Income refers to gross income prior to any deductions for taxes, social security, etc.

Income includes the following:

1. Wages, salary, commissions or fees;
2. Net income from self employment;
3. Social Security received;
4. Dividends or interest, income from estates, trusts or net rental income;
5. Welfare payments;
6. Retirement, pensions or veteran's payment;
7. Unemployment compensation;
8. Private pensions or annuities;
9. Alimony/child support payments;
10. Regular contributions from persons not living in the household;
11. Net royalties;
12. Other cash income.

Income Guidelines published by CT Department of Social Services effective 7/1/2015

