

# Social Group Scholarship Application



For over five years, we have offered social groups rooted in the belief that every child deserves opportunities to connect, belong, and grow alongside peers. Our groups support neurodiverse children and adolescents in developing meaningful relationships and social-emotional skills through authentic interaction in a supportive, inclusive environment. We are deeply committed to partnering with families and reducing barriers so that cost does not prevent children from accessing these valuable experiences.

## **Social Group Scholarship Purpose**

This application helps us consider families for a **social group scholarship** to financially support a child's participation in one of our social group series (littles, middles, or teens). Scholarship applications must be received along with an application for one of our social group series to best plan and coordinate current funds.

## **Important Information**

- Scholarship funds are managed and distributed through our partnership with **Annie's Angels**, a nonprofit organization dedicated to supporting families experiencing financial hardship with care and compassion.
- Because funding is limited, scholarships may be awarded as **partial or full awards**, depending on availability and individual circumstances.
- Scholarships are **limited** and **not guaranteed**.
- Applying for a scholarship will **not** affect your child's care, group placement, or eligibility to participate in our programs.
- All information shared will be kept confidential and used only for scholarship consideration between ROOTS Therapeutic Services and Annie's Angels.

*We recognize that requesting financial support can feel vulnerable, and we are honored to partner with families in supporting children's access to meaningful social connections.*

\*\* Please email completed application and any questions to: \*\*  
[groups@rootstherapeuticservices.com](mailto:groups@rootstherapeuticservices.com) or fax to (855)390-7008

**Basic Family and Contact Information**

Parent/Guardian: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Child/Adolescent Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Is the named parent/guardian above financially responsible for the child on this application?

Yes  No If no, who is financially responsible for the child? \_\_\_\_\_

**Social Group Being Applied for Along with Scholarship Assistance**

(please identify which series with season/date/time of group)

Littles: \_\_\_\_\_

Middles: \_\_\_\_\_

Teens: \_\_\_\_\_

Has your child participated in one of our social groups before?  Yes  No

If yes, have you received financial assistance from our social group scholarship?  Yes  No

Or have you received financial assistance from another third party for previous participation in one of our social groups?  Yes  No

**Financial Need Information**

Please briefly explain why you are requesting financial assistance at this time.

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Are you currently connected with your area agency or other community support?

Yes  No If yes, please explain. \_\_\_\_\_

Have you tried accessing financial assistance through other programs, grants, or agencies?

Yes  No Please explain. \_\_\_\_\_

Our social groups are offered as a single series (typically 10–12 weeks), with an average cost of approximately \$69 per week. Families may choose to pay the total cost upfront or through scheduled weekly payments; however, payment reflects enrollment in the full series, not individual sessions.

To help us thoughtfully allocate scholarship funds and support as many families as possible, please indicate the amount your family feels able to contribute toward the total cost of the series (either as a total amount or a weekly amount).

Amount your family can contribute: Total \$\_\_\_\_\_ or Weekly \$\_\_\_\_\_

### **Commitment, Participation, and Impact Statements**

Are you able to commit to regular attendance for the full group series?  Yes  No

Do you agree to notify us in advance if your child cannot attend a session?  Yes  No

Do you understand that limited scholarships depend on available funding?  Yes  No

What would participation in this social group mean for your child? Or how would it benefit them?

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### **Confidentiality and Consent**

All information provided will be kept confidential between ROOTS Therapeutic Services and Annie's Angels for the purpose of scholarship consideration and group placement. If there is anything else you would like us to know or if you have any questions, please contact ROOTS Therapeutic Services at (603)731-0552 or [groups@rootstherapeuticservices.com](mailto:groups@rootstherapeuticservices.com). Thank you!

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Parent/Guardian Signature

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Date

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Parent/Guardian Printed