



**Optimal Kids**

Improve your child's behavior,  
learning and mood

# Needs-based Scholarship Application

**Optimal Kids Scholarships are provided by private donors . These scholarships will pay a significant portion of the costs of the program and are intended for families who could not otherwise afford the full cost of the Optimal Kids Program.**

Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of Parent(s) or Guardian(s): \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Please answer the following discussion questions and return to [jhatrup@riordanclinic.org](mailto:jhatrup@riordanclinic.org)**

Please briefly describe your child's health condition. What is the primary reason you want to enroll your child?

Describe the measures you have taken thus far to address your child's health condition.

Describe your understanding of the "Optimal Kids" approach.

Is your family ready and willing to make the progressive dietary and lifestyle choices that will be prescribed within your child's Optimal Kids program?

How did you learn about the Optimal Kids Program?

Should your child receive the Optimal Kids Scholarship, would you be able to pay the remaining out-of-pocket cost before beginning the program?

\_\_\_\_\_  
*Parent Signature*

\_\_\_\_\_  
*Date*

\*Additional testing as well as supplements could be recommended, but will be discussed at your child's appointment before proceeding.