



READING SCHOLARSHIP APPLICATION

Reading can open many doors for your child! We want to encourage the love of reading with our Reading Scholarship program. To apply for your child, please fill out this form. Have your child's teacher sign the form. Then send it back to Harmony in one of the three ways listed below.

To qualify, your child must be in school at any level from kindergarten to the fifth grade.

I, _____, (parent/caregiver) give my child permission to take part in the reading program, if selected.

Tell us why you feel your child would benefit from this program:

Continued on the other side



CHILD INFORMATION

Subscriber ID (find this on your child's plan ID card): _____

First name/last name: _____

Address, city, state, ZIP code: _____

Caregiver signature: _____

Student signature: _____

TO BE SIGNED BY TEACHER

I, _____, (student's teacher) agree that this student would benefit from this scholarship.

SUBMIT YOUR APPLICATION

Send the form back to us in one of three ways ...

1. **By Fax: 1-888-338-3373**
2. **By Email: CaidProdMgmt@wellcare.com**
3. **By Mail: P.O. Box 31419, Tampa, FL 33633**

Harmony Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call **1-800-608-8158** (TTY: **1-877-650-0952**).

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-800-608-8158** (TTY: **1-877-650-0952**).

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer **1-800-608-8158** (TTY: **1-877-650-0952**).