



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 Absolute Total Care in one of the two 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:



Child Information

Member ID: _____

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 two ways:

1. By Email: lyoungblood@centene.com
2. By Mail: 100 Center Point Circle, Suite 100, Columbia, SC 29210

Notice of Non-Discrimination

Absolute Total Care (ATC) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ATC does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-433-6041 (TTY: 711).

إذا كانت لغتك الأساسية غير اللغة الانكليزية فان خدمات المساعدات اللغوية متوفرة لك مجاناً. اتصل على الرقم:

1-866-433-6041 (رقم هاتف الصم والبكم 711)