

## **Family Scholarship Program**

The Autism Society, Tidewater Chapter's Scholarship Program was developed to help families who are pursuing treatment for their children with autism, but are struggling to find the funding. We want to provide limited financial assistance to qualified families.

### **Guidelines:**

In order to be eligible, you must:

- (1) Have one or more children diagnosed with an autism spectrum disorder.
- (2) Have a combined annual household income of less than \$65,000. (Applicants with higher household incomes will be considered, but priority will be given to those below \$65,000.)
- (3) Reside in the Tidewater area.
- (4) Attend an Autism Society, Tidewater chapter meeting.
- (5) Join the Autism Society, Tidewater chapter's Meetup group at <http://www.meetup.com/tidewater-autism/>

Autism Society, Tidewater chapter will provide financial assistance to families with a child with autism for the following:

- Doctor appointment not covered by medical insurance;
- Lab work – as recommended by a physician. Application would need to include information on the cost breakdown of the lab work being requested and the contact information for the preferred Lab.
- Independent Assessment with a licensed/credentialed professional (ABA, Speech or OT, etc.). Families can apply for an independent assessment with a licensed/credentialed professional to assist in the pursuit of services.
- Treatment by a licensed/credentialed professional (ABA, speech, OT, etc.) for a child who has already undergone an Independent Assessment.

**NOTE:** Payments, once authorized, are NOT made directly to the family, but are instead paid on the family's behalf directly to the vendor who is providing goods and services. Please understand vacations, trips to Disneyland and other similar events are not selected for funding.

### **DEADLINE:**

Applications will be accepted until December 10, 2011. This is a RECEIVED BY deadline and NOT a postmark deadline. In other words, completed applications must be received in our office by December 10th in order to be eligible. Applications will not be accepted via fax and incomplete applications will not be considered. If we need further information once your application is submitted, you must provide that information in a timely manner.

---

## **Application Process:**

To apply for an Autism Society, Tidewater chapter Scholarship, please download an application. At this time, we are awarding two scholarships in the amount of \$450 each. Applicants who have not received funds from Autism Society, Tidewater chapter previously will be given highest priority. However, Autism Society, Tidewater chapter reserves the right to provide assistance more than once to the same family. The amount of assistance will vary, depending on availability of funds. A committee will meet to review all applications. All applications will be reviewed anonymously. All names will be redacted for committee review. You will be notified as soon as possible about our decisions. Only formal written applications will be accepted. Applications will not be accepted via fax and incomplete applications will not be considered.

## **Documentation:**

When applying for an Autism Society, Tidewater chapter Scholarship, you must provide:

- Completed and signed application.
- A letter from your doctor or other proof indicating your child's diagnosis.
- Previous year's tax return (both tax returns if you are married filing separately are required if you are married.)
- Current year's pay stub showing year to date income for all house hold income workers.
- Total cost breakdown for what is being requested.
- Depending on the nature of your request, additional information may be required.
- Please note that, in order to comply with state and federal law, we reserve the right to follow up with the family to ensure the assistance was successfully used for its intended purpose.

## **Conclusion:**

Not every family who applies for the Autism Society, Tidewater chapter's Scholarship will receive funding. Our Scholarship Application Review Committee will award the scholarships. This process of selection will depend upon the number of applications received, the applicant's unique circumstances, and the amount the Scholarship Program has available to make the best decision possible.

**Please mail attached application to the address listed below or deliver it on a Monday, Wednesday or Friday between the hours of 9:30 a.m. to 5pm.**

**Autism Society, Tidewater Virginia**

**Family Scholarship**

**6300 E. Virginia Beach Blvd.**

**Norfolk, VA 23502**



6300 E. Virginia Beach Boulevard, Norfolk, Virginia 23502

757-461-4474 Fax: 757-461-5375 E-Mail: [tidewaterasa@verizon.net](mailto:tidewaterasa@verizon.net)

Website: [www.tidewaterasa.org](http://www.tidewaterasa.org)

## Family Scholarship Application

\_\_\_\_\_  
Applicant Name (Last, First)

\_\_\_\_\_  
Parent or Primary Caregiver

\_\_\_\_\_  
Home Address (Street, City, State, Zip Code)

\_\_\_\_\_  
Home Telephone

\_\_\_\_\_  
Business/Other Telephone

\_\_\_\_\_  
Email Address

### COMPLETE THE FOLLOWING INFORMATION FOR CHILDREN LIVING IN YOUR HOUSEHOLD:

Child 1: name \_\_\_\_\_

Birthdate \_\_\_\_\_

Diagnosis, if any \_\_\_\_\_

Child 2: name \_\_\_\_\_

Birthdate \_\_\_\_\_

Diagnosis, if any: \_\_\_\_\_

Child 3: name \_\_\_\_\_

Birthdate \_\_\_\_\_

Diagnosis, if any \_\_\_\_\_

(if more than 3 children, use separate piece of paper)

Marital status: married\_\_\_\_ divorced\_\_\_\_ widowed\_\_\_\_

If you are a single parent, do you receive monthly child support?\_\_\_\_\_ If yes, how much?  
\$\_\_\_\_\_

### INCOME

Combined monthly household income? \$\_\_\_\_\_

Do you receive state or federal assistance? Yes/No If yes, how much?  
\$\_\_\_\_\_

### INSURANCE

Do you have private health insurance for your child? Yes/No  
TYPE\_\_\_\_\_

Do you have state paid insurance (i.e. Medicaid/Famis) Yes/No  
TYPE\_\_\_\_\_

### SERVICES

If your child is age 0-3, is your child in an early infant intervention program? YES/NO

If your child is age 3 or older, what is their current school placement?  
\_\_\_\_\_

### HOUSEHOLD DEBT

Do you own or rent your current home? \_\_\_\_\_

What is your current monthly rent/mortgage? \$\_\_\_\_\_

Do you have a 2<sup>nd</sup> mortgage on your home? YES/NO What is that amount?  
\$\_\_\_\_\_

Current balance of credit cards: \$\_\_\_\_\_ Monthly minimum payments  
\$\_\_\_\_\_

MEETING/MEMBERSHIP

Are you a member of the Autism Society? YES/NO

What was the date of the last meeting you attended of the Autism Society, Tidewater chapter? \_\_\_\_\_

CURRENT SERVICES

Please list all services your child/children currently receive, including, but not limited to: Speech Therapy, Occupational Therapy, Applied Behavioral Analysis, Physical therapy, Biomedical therapies, Neurofeedback therapy, etc. Next to the therapy, please list how much you pay for the therapy per month out of your pocket:

<u>Current Service</u>	<u>Out-of-Pocket Amount Paid</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

On separate sheet, please provide the following:

What therapy you are requesting funds to pay for and why? Please be specific (ex. If you are requesting funds to pay for lab work, please list the lab work and the cost)

Please include the contact information for the practitioner or provider you have chosen to use should the scholarship be awarded.

**CONFIDENTIALITY STATEMENT/APPLICANT SIGNATURE**

All information submitted to Autism Society, Tidewater chapter shall remain **CONFIDENTIAL!**  
The names of applicants shall be redacted to ensure anonymity in the selection process.

I certify that the information on this form is true and complete to the best of my knowledge.

---

Applicant Signature

Date

<p><b>Office Use Only:</b></p> <p>Date Received: _____</p> <p>Selected Yes/NO</p> <p>Award Date: _____</p>
--