



## **KNOWAutism Foundation Tuition Assistance Program**

The KNOWAutism Tuition Assistance Program is offering scholarships to financially disadvantaged children with autism between the age of eighteen months and eighteen year's old who are attending a special-needs school or special needs program. Awards are granted each year.

(2) Award of \$3,000

(4) Award of \$2,000 and

(6) Award of \$1,000

Families applying for the first time are given preferential consideration but families may apply one time per each calendar year.

### **Eligible Applicants:**

Individuals medically diagnosed with ASD and their family needs financial assistance and the child is attending one of the followings:

- A special-needs school / in a special education program
- Receiving speech therapy and/or occupational therapy
- Receiving Applied Behavior Analysis
- Special needs camp – financial assistance of 50% of cost up to \$500.00

Individual is between 18 months – 18 years old.

### **Program Committee**

The Program Committee reviews quarterly applications and selected a limited number of applicants to receive a financial support scholarship. The committee is made up of representatives from the autism community, professionals from different fields and our director. All applications are confidential during the review process.



Tuition Assistance Program

Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*  
\_\_\_\_\_  
*City State ZIP Code*

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

Attending School / Program / Clinic

School /  
Clinic: \_\_\_\_\_ Address: \_\_\_\_\_

School year that you seek to tuition assistance: \_\_\_\_\_

Grade: \_\_\_\_\_

Program: \_\_\_\_\_ Date : \_\_\_\_\_

Student

Full Name: \_\_\_\_\_

Date of  
Birth: \_\_\_\_\_

Social  
Security  
Number: \_\_\_\_\_

Briefly describe the student and please include any information that you believe would be helpful to our consideration.

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**Tuition Assistance Program**

**Financial Hardship**

Describe your particular situation. Be sure to include how this situation has caused you to incur costs (and what the costs were) or loss of income that you have experienced (and what that loss was).

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**Signature**

I certify that my answers are true and complete to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return to:  
KNOWAutism Foundation  
6430 Richmond Avenue – Suite 410  
Houston, TX 77057  
Attn: Tuition Assistance Program

A signed application can be emailed to:  
Judy Blake  
E-mail: [judyblake@know-autism.org](mailto:judyblake@know-autism.org)