



## **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 older who is attending a special-needs school or special needs program.

(2) Award of \$3,000

(4) Award of \$2,000 and

(6) Award of \$1,000 will be granted each year.

Awards are one-time only.

### **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

Individual is a child between the ages of eighteen months and older.

### **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 lost 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)