

2018 KNOWAutism Foundation Tuition Assistance Program

The KNOWAutism Tuition Assistance Program offers scholarships to financially disadvantaged children with autism between the age of 12 months and 18 year's of age to assist with the cost of attending a special-needs school or therapeutic program. Available award amounts range from \$1,000 to \$5,000.

The Program Committee selects the grant amount to be awarded based upon available funding and the demonstrated need of eligible applicants. Families applying for the first time are given preferential consideration, but families may apply one time per calendar year, for up to a total of 3 awards.

Eligibility Requirements:

1. Applicants must demonstrate a need for financial assistance and provide relevant information for the committee to review.
2. Applicants must be the parent or legal guardian of the child, and the child must be between the ages of 12 months and 18 years of age.
3. The child must have a formal diagnosis of Autism Spectrum Disorder and be attending one of the following:
 - a. A special-needs school and/or special education program
 - b. Speech therapy and/or occupational therapy
 - c. Applied Behavior Analysis
 - d. Special needs camp (up to \$500.00)
4. Applicants must submit a complete application. If the family is seeking assistance for more than one child, a separate application must be submitted for each child.
5. Applicants must provide documentation of an ASD diagnosis. This may be in the form of a diagnostic assessment or report, letter from treating physician, copy of IEP, SSI or Medicaid determination letter, documentation from school district, or other similar documents.

Review Process:

The Program Committee reviews applications on a quarterly basis and selects a limited number of applicants to receive financial support scholarships. A member of the committee may contact you to request additional information or documentation if needed. Applicant information remains confidential during the review process. If you are selected to receive a financial support scholarship, a committee member will contact you at the e-mail or mailing address provided on your application.

Award Acceptance Requirements:

If you are selected to receive assistance, you will receive an award letter and an acceptance agreement, which must be read, signed, and returned. You will also need to provide a photo of the scholarship recipient and permission for KNOWAutism to use your child's first name and photographic likeness in its publications, social media, website, fundraising materials, and/or other media.

All checks will be issued in the name of both the parent and the program/provider.

TUITION ASSISTANCE PROGRAM APPLICATION

Full Name (Parent/Guardian): _____

Address: _____

City _____ State _____ Zip _____

Phone: _____ **Cell:** _____

E-Mail: _____

Date of Application: _____

Student Information

Full Name (Student): _____

Date of Birth: _____ **Social Security #:** _____

Clinical Diagnosis: _____

Date of Diagnosis: _____

Briefly describe the student and their experiences so far with ASD and therapeutic services. Please include any information that you believe would be helpful for our consideration.

Financial Information

Gross Annual Income (Household): _____

Household Size & Number of Dependents: _____

What **health insurance** does your child have? _____

Does your child's health insurance plan cover any portion of the services for which you are seeking financial assistance? ____ Yes ____ No

Plan deductible: _____

Out-of-pocket maximum: _____

What is your out-of-pocket responsibility (i.e. co-pay, co-insurance, or self-pay rate) for the therapeutic program or services your child is receiving (specify per session and/or per month)?

Please list all additional sources of financial support your family is receiving, including any pending applications (i.e. scholarships, grants, Medicaid, Social Security, reduced tuition, etc.):

Have you previously been awarded a grant from KNOWAutism? ____ Yes ____ No

If yes, list year(s) and award amount(s): _____

Is there anything else you would like for us to know?

Signature

By signing this form, you certify that all answers provided are true and complete to the best of your knowledge.

Signature: _____ **Date:** _____

Name (Print): _____

Submission Instructions

Please fill out completely, sign, and return to:

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

Completed applications may also be e-mailed to:

Lauren Dawson
E-mail: info@know-autism.org