



Scholarship Application

- Please complete this application in its entirety to be considered for a scholarship with the Rec2connect Foundation. **Incomplete scholarships will not be considered.** Please email or mail a copy of the application to the address below. **If sent to any other address it will not be not be considered.**

**Rec2Connect Foundation
23606 Duffield Road
Shaker Heights, OH 44122**

scholarships@rec2connectfoundation.org

- Individual must be a resident of Ohio in order to be considered. Scholarships are awarded for recreation based services only.
- Program must start within the application funding period. Families are required to take on 20% of program costs as a co-payment. Financial assistance provided by Rec2connect Foundation will be paid directly to the provider of services following co-payment by family.

Deadlines

- For funding of services between May 1-July 31, applications are due not later than March 31
- For funding of services between October 1-December 31, applications are due no later than August 31

NAME _____

BIRTHDATE _____ GENDER M _____ F _____

PARENT/GUARDIAN NAMES _____

ADDRESS _____

CITY _____ ZIP CODE _____

HOME PHONE _____ CELL PHONE _____

EMAIL _____

Client Info

AGE:

DIAGNOSIS:

SUBJECTIVE HISTORY of diagnosis from birth to date.

Behavioral needs:

Social needs:

Medical/physical needs:

Please indicate if client needs a 1:1 aide for participation:

DOES THE PARTICIPANT HAVE SIBLINGS? If yes, please list ages and disability if sibling has special needs

Provider/Vendor Information

ORGANIZATION

THERAPIST OR CONTACT PERSON

ADDRESS

CITY

ZIP CODE

PHONE

EMAIL

START/END DATE:

TOTAL # OF WEEKS:

TOTAL COST OF SERVICES:

AMOUNT REQUESTING:

MINIMUM AMOUNT NEEDED (if the total amount requested cannot be awarded):

YOUR GOALS REGARDING PROGRAMMING (include past progress or lack of progress with this or other services):

Financial Information:

HOUSEHOLD NET INCOME (may be asked to verify):

ALTERNATIVE SOURCES OF FUNDING (circle all that apply):

None Autism Scholarship County Funding Jon Peterson Other

If you receive funding, please state what they are used for:

Therapy History:

PREVIOUS THERAPIES (Please list):

CURRENT RECREATION PARTICIPATION:

WHY SHOULD THE STUDENT AND/OR FAMILY BE CONSIDERED FOR A SCHOLARSHIP?

OFFICE ONLY: APPLICATION RECEIVED _____ AMOUNT AWARDED _____ LETTER SENT DATE _____