

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. The following awards are granted each year:

- (2) Awards of \$3,000
- (4) Awards of \$2,000
- (6) Awards of \$1,000

The Program Committee may choose to award a greater number of grants than what is specified here, depending upon available funding and the number of eligible applicants. Families applying for the first time are given preferential consideration, but families may apply one time per calendar year.

Eligible Applicants:

The family must demonstrate a need for financial assistance and provide relevant information for the committee to review.

The child must be between the ages of 18 months and 18 years old. The child must be medically diagnosed with ASD and be attending one of the following:

- A special-needs school and/or special education program
- Speech therapy and/or occupational therapy
- Applied Behavior Analysis
- Special needs camp (note: financial assistance of 50% of cost up to \$500.00)

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. All applications and documentation provided remain 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 phone number provided on your application.

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.

School/Program/Clinic Information

Facility Name: _____

Address: _____

City _____ State _____ Zip _____

For which school year are you seeking tuition assistance? _____

Grade Level: _____

Program: _____

Therapeutic Approach (i.e. ABA, PRT, DIR, etc...): _____

Tuition/Fees (Total): _____

Your Out-of-Pocket Responsibility: _____

Financial Hardship

Describe your particular financial situation and why you are seeking financial assistance.

Financial Information

Gross Annual Income (Household): _____

Number of Dependents: _____

Additional sources of financial support (Social Security, Medicaid, other grants, etc.):

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:

Kim Levy
E-mail: info@know-autism.org