

KNOWAutism Special Interest Program

The KNOWAutism Special Interest Fund was established to help children with autism access adaptive and inclusive programs and services that do not fall under the umbrella of traditional autism treatments or interventions. Awards range from \$500 to \$1,000 per child.

Please Note: This fund does not cover experimental procedures, HBOT, supplements, acupuncture, homeopathy, or other alternative treatments.

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. Eligible programs/services include:
 - a. Special needs camps or summer programs
 - b. Music therapy, art therapy, and/or inclusive fine arts programming
 - c. Adaptive sports or therapeutic movement programs, such as yoga therapy, adaptive dance, and adaptive swim lessons
 - d. Therapeutic horseback riding (equine therapy)
 - e. Services for a special needs advocate or attorney (up to \$1,000)
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. Once a decision has been made regarding your application, 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.

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