



## Scholarship Application

*Please completely review the attached Frequently Asked Questions information before filling out this application. **Please print clearly. Illegible applications cannot be considered.***

***This program is intended ONLY for parents in DIRE financial need. Do not apply if your annual income exceeds \$60,000.***

| Family Information                               |        |                |
|--|--------|----------------|
| Child's Name:                                    |        |                |
| Date of Birth:                                   | Age:   | Sex:           |
| Mother's Name: Marital Status                    |        |                |
| Address:   | Email  | Phone          |
| Father's Name                                    |        | Marital Status |
| Address:   | Email: | Phone:         |
| Employment Information                           |        |                |
| Mother's Current Employer:                       |        |                |
| Employer Address:                                | Phone: |                |
| Father's Current Employer:                       |        |                |
| Employer Address:                                | Phone: |                |
| Number of Dependents                             |        |                |
| Name and age of other dependents and or children |        |                |
|  |        |                |
|  |        |                |
|  |        |                |
|  |        |                |

## Date of Autism Diagnosis

## Outline of Funding Requested (Be specific with your request and include all costs)

\$ \_\_\_\_\_ (Limit –one time grant of \$500 to \$1,000 maximum)

Please write a brief description of your request:

## Doctors Providing Treatment

| Name: | Address: | Phone: |
|-------|----------|--------|
| Name  | Address  | Phone  |

## Other Agencies or Service Contacted for Funding (Indicate total amount requested of received)

\$

## Personal Statement of Income /Financial status of Custodial Parents/Guardians

Supplemental Security Income (SSI): \$

|                        |                                |
|------------------------|--------------------------------|
| Checking Account: \$   | Monthly House Payment: \$      |
| Saving Account: \$     | Other Monthly Bills/ Loans: \$ |
| Real Estate: \$        | Monthly Insurance: \$          |
| Home Value: \$         | Monthly Utilities \$           |
| Personal Property: \$  | Medical Bills: \$              |
| Automobile Values: \$  | Automobiles Expenses: \$       |
| Other Assets \$        | Physician/Agency \$            |
| <b>Total Assets \$</b> | <b>Total Liabilities \$</b>    |

## Annual Income of Custodial Parents or Guardians

Annual Salary \$

Annual Bonuses and Commissions \$

Annual Alimony/ Child Support \$

Real Estate Income \$

All Other Income \$

**Total Income \$**

## Documents to be Attached to this Application

1. Previous year's IRS return or other proof of income
2. Doctor's letter stating your child's diagnosis and confirming your request is necessary/beneficial for your child.  
Or
3. FIE (Full and Individual Evaluation) or a document from your child's school confirming your child's eligibility of autism for services.  
(May be substituted for doctor's letter in some cases)

The above information is freely given to expedite this grant request.

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PARENT/GUARDIAN SIGNATURE

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Date

***After filling out the application and attaching documents listed above send it to***

**National Autism Association of North Texas**

**P.O.Box: 261209**

**Plano, TX 75026-1209**

**(972) 964-1669**

**Or email all documents to [nagla\\_alvin@verizon.net](mailto:nagla_alvin@verizon.net)**

## FREQUENTLY ASKED QUESTIONS

### **Q: How do I know if my child qualifies for help from the NAA-NT?**

**A: Your child must meet all two basic criteria to apply:**

- 1. Diagnosed with an Autism Spectrum Disorder (ASD)**
- 2. Resides in Texas**

### **Q: How much money can I request?**

**A: The maximum amount we can award per person is a one-time grant of \$500 to \$1,000.**

### **Q: How do I apply for assistance from the NAA-NT for my child?**

**A: First, review the two basic criteria. If you meet these, complete a GRANT APPLICATION. You must attach a letter from your child's physician or school that confirms your child's diagnosis. You must provide a copy of your most recent tax return. If you did not file a tax return, you must provide alternate proof of income.**

### **Q: Are grant funds paid directly to families?**

**A: At no time are funds transferred to families. All grants awarded are paid directly to the vendor or service provider to pay for tuition, supplements/medication, medical evaluation or testing, therapies, counseling etc.**

### **Q: I've sent my application in. How long until I know if my application has been approved?**

**A: Once we have received all components of the application, (completed application form, physician's letter (or school document) and tax returns, if applicable) NAA-NT board members will review your application. No awards will exceed \$1,000 per child at this time. ONLY APPROVED GRANT RECIPIENTS WILL BE CONTACTED BY NAA-NT. If you want to confirm receipt of your application, mail with Return Receipt requested or Delivery Confirmation from the post office.**

### **Q: I have health insurance. Can I still apply for assistance?**

**A: Yes.**

### **Q: I'm not sure if this request falls within the grant guidelines. Should I still send in an application?**

**A: If your request is for something other than biomedical treatments, supplements or therapies for your child with autism, it does not fall within the grant guidelines.**

### **Q: We have so many medical bills, we're having trouble paying the rent/electric /water/telephone bills. Can NAA-NT help us?**

**A: The guidelines of this grant do not allow payment for anything other than biomedical treatments, supplements, swim lessons or therapies for your child with autism. The grant will also pay for family/marital counseling for families caring for children or adults with ASD.**