



FRIENDS FOR AUTISM AWARENESS SCHOLARSHIP APPLICATION

FRIENDS FOR AUTISM AWARENESS,
INC
P. O. Box 979
DEFUNIAK SPRINGS, FL 32435
FriendsForAutism32433@gmail.com

Friends For Autism Awareness

Scholarship Application

Dear Applicant:

Please read each question carefully. Please attach a copy of your driver's license and proof of income. Applications may be mailed to: Friend's For Autism Awareness, Inc., P.O. Box 979, DeFuniak Springs, FL. 32435. Applications may also be emailed to FriendsForAutism32433@gmail.com. Contact Debbie Cantrell, R.N. at 850-865-3596 or 850- 834-2070 for any questions concerning the application.

All applications will be reviewed by the Scholarship Committee. Scholarships will be awarded based on financial need. Please make sure all contact information is correct and up to date for notification of the results of the review.

Sincerely,

A handwritten signature in cursive script that reads "Deborah Cantrell". The signature is written in black ink and is positioned above the typed name.

Deborah Cantrell, R.N., President

Friends For Autism Awareness

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CHILD

Name: _____ AGE: _____ DOB: ____/____/____

MOTHER/GUARDIAN

Mother's Name: _____ Email: _____

Marital Status: _____ Telephone #: _____

Address: _____

Employer: _____ Telephone #: _____

Employer's Address: _____ Years Employed: _____

FATHER/GUARDIAN

Father's Name: _____ Email: _____

Marital Status: _____ Telephone #: _____

Address: _____

Employer: _____ Telephone #: _____

Employer's Address: _____ Years Employed: _____

Parent/Guardian Signature: _____ Date: _____

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Doctors involved in child's treatment:

Name: _____ **Telephone #:** _____

Address: _____

Name: _____ **Telephone #:** _____

Address: _____

Name: _____ **Telephone #:** _____

Address: _____

Name: _____ **Telephone #:** _____

Address: _____

List all therapy services your child is currently receiving: _____

Does insurance cover the cost of therapies: _____ **If yes, list how much is covered and how much the co-pay is for each therapy session:** _____

Name of other agencies or services also contacted for funding: _____

Have you previously received funding (if so from Whom): _____

Are you an active member of Friends for Autism Awareness: _____

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Personal Statement of Income and Financial Status of Custodial Parent/Guardian:

Income Type	Monthly	Annually
Wages:	_____	_____
Bonuses/Commissions:	_____	_____
Alimony/Child support:	_____	_____
Real Estate Income:	_____	_____
Social Security (SSI):	_____	_____
All other income:	_____	_____
(All other income includes Grants, CRS, etc.)		
Total Income:	_____	_____

Checking Account: _____

Monthly House Payment/Rent: _____

Savings Account: _____

Other Monthly Bills/Loans: _____

Real Estate: _____

Monthly Utilities: _____

Home Value: _____

Monthly Insurance: _____

Automobiles: _____

Monthly Auto Expenses: _____

Personal Property: _____

Medical Bills: _____

Other Assets: _____

Physician/Agency: _____

Other Expenditures: _____

Total Assets: _____

Total Liabilities: _____

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