



For Jack and Allie Inc. Grant Application

Founded in 2018, For Jack and Allie, Inc. is a nonprofit organization whose mission is to assist children affected by autism and related disorders in obtaining therapeutic and educational support resulting in fundamental skills of social significance. For Jack and Allie was established to help families supplement cost-prohibitive tuitions, deductibles, and copays where traditional grants and scholarships fall short.

The board and staff of For Jack & Allie are truly invested in each individual and family they help. Our need-based grants are funded through fundraising efforts, sponsors, and donations. One or more students will be selected from a pool of qualified applicants with the potential for continued growth and development. They will be awarded scholarships for financial assistance for the 2024-2025 school year. Our sliding scale is income-based, and other factors will be considered during the selection process.

Student Information

Student Name: _____

Student Date of Birth: _____

Parent/Guardian Name: _____

Parent/Guardian Relationship: _____

Contact Phone Number: _____

Contact Email Address: _____

What school is the student currently attending?: _____

Please indicate if the student receives any therapy (OT, ST, PT, ABA, mental health, etc.) and the name of the company:

Eligibility Information

Does the student have any additional scholarships?

No

If no, have you applied for one? _____

Yes

Name of scholarship: _____

Yearly amount awarded: _____

What is the adjusted gross household income? _____

How many dependents rely on the household income? _____

Are there any other financial responsibilities outside of the usual (ex: child support, other dependents, etc.)? If so, please explain and give an estimated yearly cost:

Scholarship Information

Amount of Jack and Allie scholarship funds requested: _____

Scholarship funds will be utilized for the following: _____

Please send the funds to:

Name of Business: _____

Address: _____

Phone Number: _____

Email Address: _____

Attestation

I, _____, swear that the information provided above is truthful to the best of my knowledge and understanding.

Signature

Date

Please email the completed form to fundraising@jackandallie.org

For the Scholarship Review Committee

Student Name: _____

Date of Application: _____

Office Notes:

Date: _____

- Approved
- Denied