



## For Jack and Allie Inc. Grant Application

### Student + Contact Information

Student Name:	Date of Birth:
Parent/Guardian Name:	Relationship:
Email:	Phone #:

### School + Therapy

School Name	Half or Full Day	Annual Tuition (if applicable)

Y/N	Therapy	Company	Monthly Out of Pocket
	ABA		
	OT		
	ST		
	PT		
	Mental Health		
	Other		
	Other		

### Eligibility Information

Does the student have any additional scholarships?	
If no, have you applied for one?	
If yes, what is the name of the scholarship?	
If yes, what is the yearly amount awarded?	
What is the adjusted gross <b>annual</b> household income?	
How many dependents rely on the household income?	

### Grant Information

Amount of grant funds requested?
Grant funds will be utilized for the following:
How did you hear about Jack & Allie?

### 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](mailto:fundraising@jackandallie.org)

### For the Scholarship Review Committee

Student Name: \_\_\_\_\_

Date of Application: \_\_\_\_\_

Office Notes:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

☐ Approved

☐ Denied