**FOUNDATION FOR AUTISM CARE, EDUCATION, AND SERVICES**

**(F.A.C.E.S.)**

Ein#20-4767823

**Application for Scholarship Award**

Dear Applicant:

The Foundation for Autism Care, Education, and Services (F.A.C.E.S.) is a non-profit, 501(c)3 foundation dedicated to raising funds to directly support and promote Applied Behavior Analysis (ABA) Therapy, training, and treatment for children with Autism Spectrum Disorder (ASD).

Eligibility:

* **Individuals** applying for a scholarship must be the parent or legal guardian of a child formally diagnosed with Autism Spectrum Disorder (ASD), have confirmed an opening for placement with the ABA Therapy Center they would like their child to attend (must indicate first date of enrollment), or be currently enrolled at an ABA Therapy Center. F.A.C.E.S. will only grant awards to cover the cost of ABA Therapy.
* Individuals must demonstrate a financial need for assistance. ***F.A.C.E.S. will not consider an application for a child unless the parent or guardian has sought health insurance coverage for the child and still needs financial assistance or can demonstrate that insurance coverage is not an option.*** *F.A.C.E.S. will not award scholarships for testing, evaluations, and/or other diagnostic purposes.*
* **Therapy Centers** applying for a scholarship must use ABA as the main therapeutic modality for children with ASD and must be requesting financial assistance solely for the cost of materials used directly for ABA Therapy within the center requesting funds.
* **Therapists, Students, and/or Parents** applying for a scholarship must be requesting financial assistance to further their education and/or training in ABA Therapy.

**Documentation required for scholarships:**

* Completed Application: Applications submitted with missing information will not be considered.
* Copy of formal ASD diagnosis
* Two most recent tax returns. If the prior year is unavailable, must include the two available PLUS proof of income for the past year. Tax returns must be complete and include any self-employment or business owner documentation.
* All applicable supporting financial documentation referenced in application
* Completed financial assets summary and budget form for any applicant with over $100,000 in annual income

**Our Process**

Completed applications are presented to the board for review on a monthly basis. The board will evaluate each case based on the demonstrated need for financial assistance. All applications must be submitted be the 20th of each month. The Board of Directors meets on the first Tuesday of each month.

Please email the completed application and all requested documents to the processing team at**: info@facesautism.org**

 Sincerely,

 F.A.C.E.S. Board of Directors

**F.A.C.E.S. SCHOLARSHIP APPLICATION**

***FOR FACILITIES SEEKING FINANCIAL ASSISTANCE TO COVER THE COST MATERIALS UTILIZED FOR ABA THERAPY***

**NAME OF FACILITY**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ADDRESS FOR FACILTIY:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PHONE NUMBER FOR FACILITY:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**OWNER’S NAME:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**IS THIS ABA THERAPY CENTER NOT FOR PROFIT:** YES NO

**CURRENT NUMBER OF BOARD CERTIFIED BCBAs EMPLOYEED AT THIS THERAPY CENTER:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CURRENT NUMBER OF ABA THERAPISTS A THIS ABA THERAPY CENTER:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**APPROXIMATE NUMBER OF CLIENTS AT THIS ABA THERAPY CENTER:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MONTHLY COST OF THE ABA PROGRAM AT THIS THERAPY CENTER:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**AMOUNT THIS ABA THERAPY CENTER IS REQUESTING:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**REASON FOR THIS REQUEST/DETAIL HOW FUNDS WILL BE USED TO DIRECTLY ENHANCE ABA THERAPY:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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*\*Facilities* ***must*** *provide any financial records evidencing their need for the financial assistance for which they are applying. Please provide two (2) years of financial statements, e.g., profit/loss statements, year-end statements, balance statements and/or tax filings.*

**MISSION STATEMENT FOR THIS FACILITY:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Please share and/or attach any information citing efforts you have sought on behalf of this facility to obtain funding for your request, e.g., applications for other scholarships and/or grants, additional fundraising activities, etc.:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**APPLICANT ACKNOWLEDGEMENT**

With the submission of this application, the applicant, in their individual capacity and, if applicable, as representative as legal guardian of a child, or representative of a facility, understands:

* A complete application and the requested documents are necessary to be considered for financial assistance.
* There is no guarantee of financial assistance.
* Scholarships are awarded in a manner that is most fiscally responsible F.A.C.E.S. This decision is made on a case by case basis and determined by the F.A.C.E.S. Board of Directors.
* Scholarships may be awarded quarterly and/or annually to cover the maximum out of pocket deductible if the child’s therapy is covered by insurance. Any amount awarded is based on the foundation’s evaluation of the application and documentation, and the amount of funds available to the foundation at the time of the request.
* Any scholarship awarded to the applicant will be paid directly to the ABA Therapy Center, institution of higher learning, or directly to the sponsoring organization for conferences pertaining to training or continuing education which supports ABA Therapy.

In addition, if an applicant is awarded a scholarship on behalf of F.A.C.E.S., the recipient must adhere to the following guidelines and stipulations:

* If any information provided within this application changes, the applicant will supplement the application with the updated information immediately upon receiving said information, e.g., change in health insurance coverage, change in financial circumstances, change in ABA Treatment Center as noted in this application.
* If the applicant’s need for requested funds ceases prior to donated funds being utilized, the applicant will notify F.A.C.E.S. immediately and arrangements will be made with the ABA Therapy Center, institution of higher learning, or sponsoring conference/organization to return all unnecessary funds.
* Scholarships will be awarded in a manner that is most fiscally responsible for F.A.C.E.S. and used solely to further the purposes of F.A.C.E.S. as expressed in this application.
* **If awarded a scholarship, the recipient agrees to allow F.A.C.E.S. to use the name of the recipient, pictures of recipient, and/or statements provided by the recipient on our F.A.C.E.S. website, promotional videos, and material that advertises and promotes the foundation.**
* **If awarded a scholarship, families of scholarship recipients will be required to volunteer (6) hours per year at (1) fundraiser.**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, acknowledge that I have completed this application to the best of my ability. I have included all requested documents and understand that I must adhere to the guidelines and stipulations sited within this application. Failure to follow these guidelines and stipulations may result in the loss of any current and/or future funding opportunities provided by F.A.C.E.S.

Printed Name of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CHECKLIST**

***FOR FACILITIES SEEKING FINANCIAL ASSISTANCE TO COVER THE COST MATERIALS UTILIZED FOR ABA THERAPY, PLEASE BE SURE YOU HAVE COMPLETED AND INCLUDED THE FOLLOWING:***

* FINANCIAL RECORDS FOR THE LAST TWO YEARS EVIDENCING NEED FOR THE FINANCIAL ASSISTANCE FOR WHICH YOU ARE APPLYING, E.G., PROFIT/LOSS STATEMENTS, YEAR-END STATEMENTS, BALANCE STATEMENTS AND/OR TAX FILINGS.