**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**

Applications are presented to the board of directors 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 by the 20th of each month. The board meets on the first Tuesday of each month. 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 STUDENTS, THERAPISTS, AND/OR PARENTS SEEKING FINANCIAL ASSISTANCE FOR FURTHER EDUCATION AND/OR TRAINING IN ABA THERAPY***

**FULL NAME:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PRIMARY PHONE NUMBER**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SECONDANRY PHONE NUMBER**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EMAIL ADDRESS**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FOR STUDENTS:**

Student Name and ID #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you currently enrolled in an undergraduate or graduate program? YES NO

If you answered YES, what is your current GPA? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you seeking financial assistance to enroll in a course related to ABA Therapy? YES NO

Please include course name and course number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dates/semester you will be enrolled in this course: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of institution you are attending: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address of institution you are attending: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of contact who processes scholarships for students: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number of contact who processes scholarships for students: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address for contact who processes scholarships for students: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cost per semester hour: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cost to enroll in this course: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Scholarship amount requested: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***STUDENTS MUST PROVIDE A COPY OF THEIR MOST RECENT TRANSCRIPT***

*\*Scholarships are awarded in a manner that is most fiscally responsible for F.A.C.E.S. Scholarships for students are awarded quarterly, but students may reapply if additional financial assistance is needed. Scholarships are granted on a case by case basis by the F.A.C.E.S. Board of Directors.*

**FOR THERAPISTS AND/OR PARENTS:**

Name of Workshop/Training you wish to attend: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Workshop/Training: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location of Workshop/Training: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cost of Workshop/Training: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount you are requesting to assist with the cost of Workshop or Training: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***THERAPISTS/PARENTS MUST PROVIDE A COPY OF RESGISTRATION FORM FOR THE WORKSHOP/TRAINING***

Are you currently employed at a facility that provides ABA Therapy? YES NO

If YES, name of Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person/Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number for Contact Person/Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How long have you been employed at this facility? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Start date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***If you have any additional information or documentation that you believe would assist F.A.C.E.S. in evaluating your application, please attach to this application.***

**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.
* Student recipients who receive a scholarship towards their BCBA pledge to remain in the ABA field.
* **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 STUDENTS, THERAPISTS, AND/OR PARENTS SEEKING FINANCIAL ASSISTANCE FOR FURTHER EDUCATION AND/OR TRAINING IN ABA THERAPY, PLEASE BE SURE YOU HAVE COMPLETED AND INCLUDED THE FOLLOWING:***

* **STUDENTS:** COPY OF MOST RECENT TRANSCRIPT
* **THERAPISTS AND/OR PARENTS:** COPY OF REGISTRATION FORM FOR WORKSHOP/TRAINING YOU ARE SEEKING FINANCIAL ASSISTANCE TO ATTEND