



# 2017 Grant Application

913-706-0042 | info@asaheartland.org  
www.asaheartland.org

Thank you for your interest in applying for a scholarship from the Autism Society – The Heartland, a nonprofit 501(c)3 foundation created to help improve the lives of individuals with autism and their families.

A Scholarship committee made up from the Board of Directors will review and provide grants to individuals with autism in accordance with our guidelines and policies

- Applications are reviewed and grants are awarded on an annual basis. The deadline date **is Friday, March 31, 2017**, and all applications **must** be postmarked by that date. You will receive notification of the committee’s decision within on or before April 15, 2017. Notification will be sent via email to the person nominating the applicant.
- **Who is eligible for funding** - must be a current ASH Member (Kansas/Missouri), applicant must provide proof of ASD Diagnosis, applicant must present evidence of volunteering time or services for the past 12 months for at least 6 hours - at and Autism Society the Heartland event, fundraiser, support group
- **What type of services does the scholarship fund** - Therapy services (including, but not limited to Speech, ABA, and OT or PT) Social skills groups, camps, family education training including conferences and assistive or security devices. Communication devices, assistive technology, college programs and or training for adults on the spectrum.
- **ASH does not provide funds for the following** - Other 501c3 groups, fundraisers, swing sets, trampolines, clothing, household bills/utilities, day care, groceries, vacations or medical diagnosis

Scholarships that are awarded will be paid to the provider directly. Maximum amount that can be requested is \$500. There is no guarantee applicant will receive the full amount applied for.

If applying for a camp scholarship, please plan for out of pocket down payment. Do not wait on a scholarship payment to reserve your child’s spot at camp.

ASH will only pay a scholarship to one provider, not multiple providers. If requesting funds for multiple items the review committee will only award one scholarship per applicant.

**For privacy reasons, please MAIL your completed application and all supporting materials to:**

**Autism Society – The Heartland  
Attn: Scholarship Committee  
PO Box 4455  
Olathe, KS 66063-4455**

FOR OFFICE USE ONLY  
Date Received \_\_\_\_\_

Applicant ID# \_\_\_\_\_

Applicant Information	
Name (First, MI, Last)	
Date of Birth	
Street Address	
City, State, Zip Code	
Phone Number	
Email Address	
Diagnostic/Identification Information	Diagnosis/Identification: _____  Date of Diagnosis: _____  <input type="checkbox"/> Copy of Diagnostic Report (one page is ok,) Included with the application, <u>or</u> <input type="checkbox"/> Copy of Individualized Education Plan
Caregiver Information (if applicable)	
<b>Caregiver A</b>	
Name (First, MI, Last)	
Street Address	
City, State, Zip Code	
Phone Number	
Email Address	

FOR OFFICE USE ONLY  
 Date Received \_\_\_\_\_

Applicant ID# \_\_\_\_\_

<b>Caregiver B</b>	
Name (First, MI, Last)	
Street Address	
City, State, Zip Code	
Phone Number	
Email Address	
<b>Information on Individual Making the Referral</b>	
Name (First, MI, Last)	
Relationship to Applicant	
Reason for Referral	

<b>Applicant/Caregiver Financial Information</b>	
Please select your current Annual Household Income:	<input type="checkbox"/> Under \$30,000 <input type="checkbox"/> \$30,000 - \$49,999 <input type="checkbox"/> \$50,000 - \$74,999 <input type="checkbox"/> \$75,000 - \$100,000 <input type="checkbox"/> \$100,000 and above
How many dependents does the applicant or caregiver have?	

<b>Funding Request Information</b>	
What is this Funding	<input type="checkbox"/> Assessment or Treatment Services: Applied Behavior Analysis,

Request for?	<p>Occupational Therapy, Physical Therapy, Speech Language Services, etc</p> <p><input type="checkbox"/> Equipment: Wheelchairs, Assistive Technology Equipment, Speech Devices, Hearing Aids, etc.</p> <p><input type="checkbox"/> Activities/Services: Summer Camp, Leisure Activities, etc.</p> <p><input type="checkbox"/> Other: _____</p>
If services are requested, the service provider has been informed of this grant application.	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
Does the Applicant currently <u>receive/participate</u> in the requested services, or have access to the request equipment?	<p><input type="checkbox"/> Yes. If Yes, why are grant funds being requested? _____</p> <p>_____</p> <p>_____</p> <p><input type="checkbox"/> No</p>
Does the Applicant currently <u>receive funding</u> for the requested services or equipment from another source?	<p><input type="checkbox"/> Yes. If yes, explain past and present support (include amount of financial support and when support will expire; along with the name of the organization that provided assistance): _____</p> <p>_____</p> <p>_____</p> <p><input type="checkbox"/> No</p>
Does the Applicant have insurance to cover the requested services/equipment?	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
Has the Applicant applied for funding from ASH in the past?	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
Has the Applicant received funding from ASH in the	<p><input type="checkbox"/> Yes If yes, when _____</p>

FOR OFFICE USE ONLY

Date Received \_\_\_\_\_

Applicant ID# \_\_\_\_\_



Please provide DETAILED information about why the grant is needed (Please provide this information in the space below or on a separate piece of paper submitted with the application in **200 words or less**).  
PLEASE PRINT

---

---

---

---

---

---

---

---

---

---

---

---

**Please list your volunteer services with Autism Society the Heartland for 2016  
You must have a minimum of 6 hours to qualify for grant.**

---

---

---

---

---

Please tell us about the applicant. Tell us how the services or equipment will help to improve the applicant's daily life, how the services or equipment will help the long term outlook of the applicant and/or how the services or equipment will affect the family's quality of life.

Also consider providing information about the personality traits, prognosis in therapy, treatment history and treatment goals of the applicant. Please tell us why this is important to everyone involved. (Please provide this information in the space below or on a separate piece of paper submitted with the application in 500 words or less.) PLEASE PRINT

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---


### Privacy and Terms of Use

The Grant Committee will review all applicants. Any and all information that is received by the committee will be held in confidence and kept in secure records. This information will only be used to discuss in the reviewing process. Board members are not at liberty to discuss applications with anyone outside the board and are not allowed to discuss grants and amounts that have been granted. The Scholarship Committee reserves the right to call the applicant to ask additional questions as well as contact the service provider to request invoice of services to pay service provider.

Grant applicants may be asked to provide outcomes of experience for marketing and promotional purposes for fundraising efforts.

The above information is true, correct and complete to the best of my knowledge and belief.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

FOR OFFICE USE ONLY  
Date Received \_\_\_\_\_

Applicant ID# \_\_\_\_\_