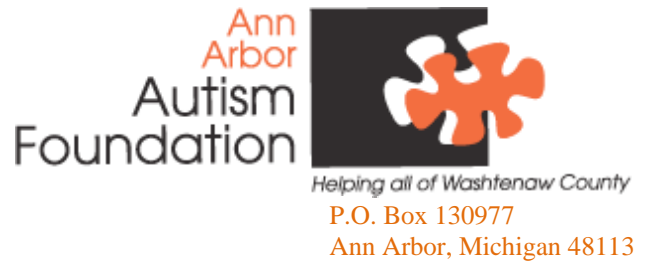


Financial Aid Application



Date: _____ Primary language of person completing this form: English Other: _____

Name of Applicant who will benefit from this scholarship Birth Date _____ Male Female
Gender (circle)

Diagnosis (eg, autism, PDD-NOS, Asperger's, etc.) Date of diagnosis _____

Name and professional credential(s) of person who made this diagnosis (eg, MD, PhD, MSW, etc.)

Name(s) of Parent(s) or Guardian(s) (_____) _____
Home phone

Street Address (_____) _____
Cell or alternate phone

City, State, ZIP e-mail address(es) _____

Marital/relationship status of parents or guardians # of minor children, excluding applicant

Occupation of father/Guardian #1 Employer name & phone # _____

Occupation of mother/Guardian #2 Employer name & phone # _____

Please provide a detailed description of the services for which you seek financial aid. Please list the name of the service provider with the address and phone number for a contact person. The Ann Arbor Autism Foundation check will be written directly to the service provider unless an exception is granted. **Attach additional pages as needed.**

Provider: _____ Contact Person: _____

Provider address: _____ Phone: (_____) _____

The Autism Foundation expects that all applicants will make some financial contribution for services.

Total cost of program \$ _____ How much can you contribute? \$ _____

Financial Resources for the Year

Annual Income for the Year

| | |
|---|-----------------|
| Your current annual earned income | \$ _____ |
| Spouse or 2 nd guardian annual earned income | \$ _____ |
| Student loans | \$ _____ |
| Alimony received | \$ _____ |
| Annual child support | \$ _____ |
| Annual VA, Social Security Benefits | \$ _____ |
| Other income | \$ _____ |
| Total annual income before tax | \$ _____ |

Expenses for the Year

Typical living expenses are taken into account in the award processes. Please list below any unusual expenses. Give amounts on an annual basis.

| | |
|--|----------|
| Tuition | \$ _____ |
| Daycare | \$ _____ |
| Alimony and child support payments | \$ _____ |
| Unreimbursed therapy expenses for family members | \$ _____ |
| Other unreimbursed medical expenses for family members | \$ _____ |
| Payments on educational loans | \$ _____ |
| Any other unusual expenses (please describe below) | \$ _____ |

Home Ownership and Other Assets and Liabilities

Do you own your own home and/or any other real estate? Yes ___ No ___

If yes, please list each piece of real estate separately with its approximate value.

Primary home \$ _____

Other real estate: _____ \$ _____

Do you have any mortgages outstanding on your primary home or any other real estate you own?

Yes ___ No ___ If yes, what is your TOTAL monthly mortgage payment? \$ _____

Do you rent your home? Yes ___ No ___ If yes, what is your monthly rent? _____

Savings and retirement accounts including retirement accounts like 401 K and/or 403 B. List each account and approximate balance as of the latest valuation date.

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Please list any other significant assets that you own or liabilities that you owe, for example credit card debt.

Other Considerations

Medical insurance coverage

Company & Type: _____ Monthly premium \$ _____

Will your medical insurance pay for any of the services described in your request? Yes ___ No ___

If yes, please describe: _____

Does your medical insurance cover any therapy for autism? Yes ___ No ___

If yes, please describe coverage or attach a description provided by your insurance company: _____

Is your child eligible to receive financial aid from any other agency? Yes ___ No ___

Is your child currently receiving financial aid from any other agency? Yes ___ No ___

If so, please provide the name and phone number of the agency and the amount being received.

Please describe any other information about your family's financial situation and a description of your child's disability which may help establish need for financial aid. **Attach additional pages as necessary.**

NOTE: To be considered for a scholarship award, a copy of your most recent federal income tax return must be included in the application package. In addition, please provide the most recent W-2 for you and/or your spouse if applicable. If you need assistance, please e-mail our Treasurer Kathy Wright at kathy1255@aol.com