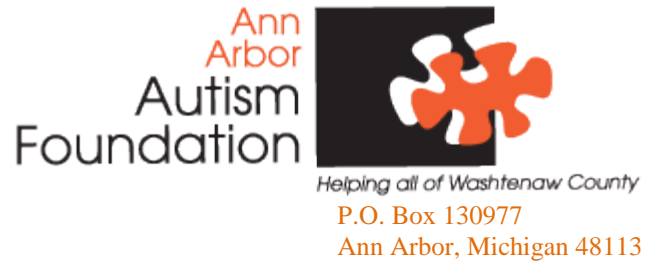


Financial Aid Application



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 the Grants Committee at: awards@annarborautism.org