

Jackson Autism Support Network

3105 Wildwood Suite B Jackson, MI 49202
(517) 392-3092

2016-2017 Scholarship Program for Children with Autism

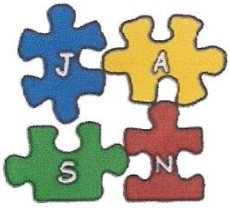
The Jackson Autism Support Network, a non-profit support group founded to help families affected by autism in the Jackson Area, is now accepting applications for scholarships for children or adults affected by ASD. Scholarships are awarded once a year in the fall after our fundraiser Around the Park for Autism Run/Walk. Each approved applicant will receive up to \$250.00 unless your request is for the speech app “Words for Life”, those will be paid in full. Applicants will be notified by end of November 2016 with the result of their application status. Any questions regarding the scholarship application should be directed to Shelly Lewis (517) 392-3093. You may print the application by going to our website at JASN-mi.org.

The JASN scholarship committee will begin taking applications for the year of 2016-2017 starting October 11, 2016. All applications must be received by our scholarship committee by November 15, 2016. All applications received after this date will be denied. Each application will be reviewed by our scholarship review committee.

The JASN Scholarship Committee will make its selections only from those applicants who meet the following criteria:

- The applicant must be diagnosed with an Autism Spectrum Disorder and live in the Jackson Area.
- The application must be completed in full and returned to our scholarship committee no later than November 15, 2016.
- An estimate of service or product requested must be attached to the application.
- The applicant must be willing to provide two personal or professional references who can speak on your behalf.

Please note.....JASN Scholarships are paid directly to the provider or company. JASN may not be able to pay for the service or product in full but can help with partial payment.



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2016- 2017 Scholarship Application

Applicant's Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email Address _____

Parent or Guardians Name if child is under 18 _____

1) What is the medical or educational diagnose of the applicant? _____

2) What is the age of the applicant? _____

3) At what age was the applicant diagnosed? _____

4) Who does the applicant live with? _____

5) If the applicant is still in school, what school setting is the applicant in now?

Public School Name of school: _____

Private School Name of school: _____

Homeschool How many years: _____

6) What current services does the applicant receive?

- Speech Private and/or Public School (Check the ones that apply)
- OT Private and/or Public School (Check the ones that apply)
- PT Private and/or Public School (Check the ones that apply)
- Other _____

7) Would you be willing to give two personal or professional references who can speak on your behalf? yes no

8) If you receive this scholarship, would you be willing to have your name as a scholarship recipient on any promotional materials used by JASN? yes no

9) How have you been involved with the Jackson Autism Support Network over the past year? (check all that apply)

- Member and receive monthly emails
- Attended 1 or more support group meetings
- Attended annual fundraiser (Around the Park for Autism Walk)
- Attended 1 or more of the special events (i.e. social groups, trainings workshops, etc)
- Other: _____

10) A parent or legal guardian of all approved applicants must be willing to help with JASN events. Which event may we call you to participate in?

- Around the Park for Autism Walk (2017)
- Social Groups
- Autism Awareness Month (April)
- Seasonal Parties (Christmas, Halloween, Easter, etc..)
- Monthly Support Groups

