



Autism Grant Application
"Every Child Deserves a Chance"

Please complete the following application to be considered for the Autism Grant. Please print clearly. Illegible applications will not be considered. The Autism Grant is a tuition scholarship that is only intended for children with autism who are from financially disadvantaged families.

CHILD

Name: _____ Age: _____ Date of Birth: _____

MOTHER

Mother's Name: _____

Marital Status: _____ Telephone: _____ Email: _____

Street/City/Zip: _____

Employer: _____ Telephone: _____

Employer Address: _____

FATHER

Father's Name: _____

Marital Status: _____ Telephone: _____ Email: _____

Street/City/Zip: _____

Employer: _____ Telephone: _____

Employer Address: _____

Number and ages of other dependent children: _____

Diagnosis of Disability: _____

Amount of Tuition Assistance Requested \$ _____

Doctors involved in child's treatment:

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

Name of other agencies or services also contacted for funding:

Please indicate which have been contacted and total amount requested or received (if any).

Personal Statement of Income and Financial Status of Custodial Parents or Guardians

ASSETS

Checking Account(s) \$ _____

Savings Account(s) \$ _____

Brokerage Account(s) \$ _____
(include 401K, IRAs)

Home Equity \$ _____

Automobiles \$ _____

Personal Property \$ _____

Other Assets \$ _____

Total Assets: \$ _____

LIABILITIES

Monthly House Payment/Rent \$ _____

Other Monthly Bills/Loans \$ _____

Monthly Utilities \$ _____

Monthly Insurance \$ _____

Monthly Automobile Expenses \$ _____

Medical Bills Due \$ _____

Other Liabilities \$ _____

Total Liabilities: \$ _____

Combined sources of income:

Previous year's IRS return or other proof of income must be attached.

INCOME TYPE

MONTHLY

ANNUAL

Salary: \$ _____ \$ _____

Bonuses and Commissions: \$ _____ \$ _____

Alimony/Child Support: \$ _____ \$ _____

Real Estate Income: \$ _____ \$ _____

All Other Income: \$ _____ \$ _____

TOTAL INCOME: \$ _____ \$ _____

(ALL OTHER INCOME includes Grants, Social Security, Capital Gains, Medicaid, etc.)

Attach Doctor's Letter: We must have a letter from your child's physician which states the child's diagnosis.

I certify that the information on this form is true and complete to the best of my knowledge.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

Grant Application Checklist

Include:

- Completed Application*
- Autism Spectrum Disorder diagnosis validation letter from a qualified physician
- Your IRS 1040 from the previous tax year that specifically lists your child as a dependent
- A completed summary of current level of services and how they are being funded
- Any supporting documentation to show your hardship which will be helpful in our decision making process

*The Dominion School for Autism may also request additional information from you after the application is submitted. Any information submitted to the Dominion School for Autism shall remain confidential.

Mail the completed application package to:
Dominion School for Autism
C/O "The Autism Grant"
4205 Ravenswood Road
Richmond, Virginia 23222