

2016 Stipend Request Form

Type of Stipend you are applying for: _____Recreational _____Educational

Have you received a stipend from us before? Yes / No	If yes, when was the last stipend received? _____	Date Received in Office _____
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<p>Please indicate your volunteer hours at fundraisers/events, activities, at office in last 12 months:</p> <p style="text-align: center;">Total Volunteer Hours: _____ State # of hours per event: _____</p> <p>Walk For Hope _____ Fall Membership Meeting/Picnic _____ Trivia Night _____ Holiday Party _____ Seminar _____ At Office _____ Other _____ (description of other _____)</p> <p style="text-align: center;">Note: You MUST be an active member to qualify for a stipend. Hours will be verified.</p>
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Member (Parent/Caregiver Name): _____

SS# or EIN/Tax ID# of person/entity requesting funds: _____

Street Address: _____

City, State, Zip Code: _____

Phone Number(s): (home) _____ (cell) _____ (wk/other) _____

Email address: _____

Please indicate your relationship to the individual with disability:

Circle one: self parent caregiver other (please specify) _____

Name of person w/Autism Spectrum Disorder: _____

Diagnosed By (school professional, doctor, etc): _____

Contact Information of Professional _____

Recreation/Education Activity Attending: _____

Date(s) of Activity: _____ Location: _____

Registration Fee: _____ Stipend Amount Requested: _____

OR

Therapeutic Equipment/Assistive Technology Device: _____

Professional Recommending Equipment/Device: _____ Date Purchased: _____

Note: An application may or may not be funded dependent on the number of applications received and the amount of funding available for the type of stipend program.

Please read and sign stipend guidelines PRIOR to submittal and make sure ALL documentation is attached.

For Office Use Only:	
Amount of request: _____	Amount Approved: _____
Approved By: _____	
Check Number: _____	Date Approved: _____
Notified: Parent (date) _____ by mail/email/phone & Provider (date) _____ by mail/email/phone	