JACK’S PLACE for Autism Foundation

JACK’S Dollars

Scholarship Guidelines

JACK’S PLACE for Autism Foundation is dedicated to providing support, education, compassion and a comprehensive array of services to help individuals and families cope with the everyday challenges of autism spectrum disorder (ASD).

JACK’S PLACE for Autism Foundation has created “JACK’S Dollars,” a Scholarship Program to help families afford the support they need to participate in specific programs. JACK’S Dollars Scholarships will be awarded based on the following criteria:

1. JACK’S Dollars are available for the following types of programs:
	1. Art
	2. Crafts
	3. Dance
	4. Hobbies
	5. Music
	6. Recreation
	7. Sports
2. The individual benefiting from the program must have a primary diagnosis of ASD.
3. Families must be Michigan residents.
4. A complete “JACK’S Dollars” Scholarship Application, with all required documentation, must be received at least 4 weeks prior to the program start date.
5. Provider of the program or camp (i.e. organization, institution, foundation, school, etc.) must be licensed and insured.
6. Applicants MUST provide JACK’S PLACE for Autism Foundation documentation of ASD diagnosis in the form of:
	1. Current Individualized Education Plan (IEP); or
	2. Person Centered Plan (PCP); or
	3. Original or Treating Physician’s Diagnosis
7. Sibling or Peer Partner may apply for JACK’S Dollars in cases when the Sibling or Peer Partner will be supporting and/or assisting the individual with ASD during the same program.
8. JACK’S Dollars Scholarships are available up to a maximum of $250.00 per calendar year per individual.
9. JACK’S Dollars Scholarships are **NOT** available to pay registration, enrollment or assessment fees.
10. There is no age restriction to receive JACK’S Dollars.
11. JACK’S PLACE for Autism Foundation reserves the right to contact program providers.
12. Any Scholarship funds received from another source must be indicated on the

JACK’S Dollars Scholarship Application**. Failure to do so may result in denial of future**

**JACK’S Dollars Scholarship requests.**

1. Upon completion of the program, a survey will be sent to the address provided on the JACK’S Dollars Scholarship Application. Response is required within 60 days of receipt of the survey. **Failure to return the survey may result in denial of future JACK’S Dollars Scholarship requests.**
2. **Fraudulent submission of Scholarship Application, Diagnosis Documentation, Survey Responses or any other requested documentation is cause for immediate and permanent denial of any and all future JACK’S Dollars Scholarship funding.**
3. If the program is cancelled for any reason, any monies refunded must be returned to JACK’S PLACE for Autism Foundation.
4. If for any reason, the individual begins the program but does not complete the program, please notify JACKS’ PLACE for Autism Foundation **immediately** in order to be eligible for consideration for future JACK’S Dollars Scholarships.

I understand and accept the terms and conditions set forth is the JACK’S PLACE for Autism Foundation – JACK’S Dollars – Scholarship Guidelines.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed (Parent or Guardian) Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name (Please Print Clearly)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Scholarship Applicant (Please Print Clearly)