

JACK'S PLACE for Autism Foundation
"JACK'S DOLLARS" Scholarship Application

Print or Type

Parents or Guardians: _____ Email: _____

First _____ Last _____ *Do you wish to be on our mailing list? _____

Address: _____

Home Phone: _____ Cell Phone: _____
Street # P.O. Box City State Zip Code
(Address if different from applicant)

Individual Benefiting from Scholarship _____

Sex: M F Date of Birth: ____/____/____ Age _____

Address: _____ T-shirt size: _____
Street # P.O. Box City State Zip Code

***Information provided is confidential & restricted to JACK'S PLACE for Autism use only.

Diagnosis: _____
PLEASE ATTACH TREATING PHYSICIAN/S DIAGNOSIS OR COPY OF MOST CURRENT IEP (Individualized Education Plan) OR PCP (Person Centered Plan)

School District/or County _____ Grade or Program: _____

Organization or Institution Hosting the Program or Camp: _____

Name of Program/Camp: _____

Contact Person & Phone Number: _____ Program Email: _____

Address of Program: _____

Program Start Date: _____ Completion Date: _____ Cost of Program: _____ Scholarship Amount Requested _____

Applicant must read and initial in boxes below to be eligible for consideration.

- I understand that my application and approval by JACK'S PLACE are not final and that eligibility and criteria will be in the sole discretion of JACK'S PLACE.
- I certify that all information provided is complete and accurate to the best of my knowledge.
- I give consent, in accordance with the Family Education Privacy Rights Act to allow academic/enrollment information to be released to the appropriate parties to be used to verify eligibility for this scholarship.

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I certify that I have read this application and certification and accept all conditions.
I acknowledge that if I receive any money from JACK'S PLACE to offset the costs of any program or activity, that I will not consider the provision of such funds as an endorsement of such program or activity by JACK'S PLACE.

Signature

PAYMENT OPTIONS

Please Check One

_____ Participant pays in full, when proof of payment is received at JACK'S PLACE for Autism office, i.e. cancelled check or receipt of payment from provider. JACK'S PLACE will reimburse you up to \$250.00 per individual per calendar year upon proof of completion of program.

OR

_____ JACK'S PLACE will issue a check to the program provider for up to 80% of cost up to \$250.00 per individual per calendar year, so that you may enclose payment with program application.

PLEASE ATTACH THE FOLLOWING:

_____ A Program or Camp Brochure/Flyer provided by the program provider with description

_____ Copy of Most Current IEP (Individualized Education Plan) OR _____ Copy of Treating Physician/s Written Diagnosis OR _____ PCP (Person Centered Plan)

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_____ Copy of Completed Application for Program/Camp for which you are requesting funds _____ Completed "JACK'S DOLLARS" Scholarship Application

_____ *****Please attach a separate sheet explaining extenuating circumstance & need. Please provide evidence of financial need*****

Have you participated in this program in the past? _____ Is this individual a SSI or Children's Waiver Recipient? _____

Have you applied for "JACK'S DOLLARS" Scholarship in the Past? _____ Have you applied for scholarship funds from the program provider? _____

Why have you considered applying for this scholarship? _____

How did you hear about this scholarship? _____

RELEASE AND WAIVER OF ALL CLAIMS

The undersigned releases and discharges JACK'S PLACE, its successors and assigns, and its respective agents, representatives, members of its Board of Directors, officers, and employees, from any and all claims, causes of action, liabilities, obligations, demands, damages, actions, expenses, and costs of every kind and nature whatsoever, whether arising in law or in equity, which the undersigned and/or the undersigned child and/or legal dependent may have arising out of, in connection with, or in any way relating to any program for which scholarship funds may be received.

Further, the undersigned waives any and all claims, causes of action, liabilities, obligations, demands, damages, actions, expenses, and costs of every kind and nature whatsoever, whether arising in law or in equity, which the undersigned and/or the undersigned's child and/or legal dependent may have arising out of, in connection with, or in any way relating to any program for which scholarship funds may be received, against JACK'S PLACE, its successors and assigns, and its respective agents, representatives, members of its Board of Directors, officers, and employees.

The undersigned acknowledges that he/she has carefully read and fully understands this Release and Waiver of All Claims, and acknowledges that he/she has not relied upon any representations, statements, advice or explanations made by JACK'S PLACE or its representatives. The terms of this Release and Waiver of All Claims are severable, and should any of the terms be deemed null, void, or inoperative for any reason, any remaining terms shall retain their full force and effect. This instrument shall be governed by, construed and enforced in accordance with the laws of the State of Michigan.

Signature: _____

Print Name: _____

Date: _____