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

Print or Type											
Parents or Guardians:				Last *Do you wish to be on our mailing list?							
	Fir	st	Las	st	*Do you w	ish to be on our maili	ng list?				
Address:						Home Phone:			Cell Phone	e:	
Street # (Address if different fr	P.O. Box om applicant)	City	State	Zip Code							
Individual Benefiting fr	rom Scholarship)				Date of Birth:		/	Age	Sex: M	F
Address:						T-shirt size:					
Street #	P.O. Box	City	State	Zip Code							
***Information provid					•						
School District/or Cou						Grade or Program:					
Organization or Institu	tion Hosting th	e Program	or Camp:								
Name of Program/Can	np:										
Contact Person & Pho	ne Number:					Program Email:					
Address of Program:											
Program Start Date:		Comple	tion Date:		Cost of Prog	gram:	Scholar	ship Amo	ount Requested_		
I certify that all in I give consent, in eligibility for this I certify that I have	nformation provi accordance with scholarship. ve read this appli at if I receive any	and approva ded is comp the Family cation and o money fro	al by JACK'S PLA lete and accura Education Priva certification and	CE are not final an te to the best of m cy Rights Act to all l accept all conditi	nd that eligibilit ny knowledge. low academic/o ons.	y and criteria will be in enrollment information	the sole dis	scretion o	e appropriate part		•
Signature											

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PAYMENT OPTIONS

Please Check One

Trease short 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:
Completed 2 page Scholarship Application
Program/Camp Application, copy of
Financial Information – Current Tax Return
Letter of Financial Need
Program/Camp Brochure with Cost
Copy of Most Current IEP (Individualized Education Plan) OR Copy of Treating Physician/s Written Diagnosis OR PCP (Person Centered Plan)
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'
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: