JACK'S DOLLARS Scholarship Application

JACK'S PLACE for Autism Foundation

PLEASE PRINT CLEARLY

Parent/Guardian:			
First Nar			
Address:	City:	State:	Zip Code:
Home Phone:	Cell Phone:	Email:	
Individual benefiting from Scho		e Last	
Date of Birth:/	Age:	Sex: M	F
Diagnosis:			
Organization Hosting the Progr	am/Camp:		
Name of Program/Camp:		.	
Contact Person:	Phone:		Email:
Address:	City:	State:	Zip Code:
Start Date:	Completion Date: _		Cost:
Amount of JACK'S DOLLARS red	quested:		
Information provided	d is kept Confidential an	d Restricted for	JACK'S PLACE use only.
Please re	ad carefully, sign a	and date the	e following.
Autism Foundation.I certify that all informaI acknowledge that if I r	tion provided is comple eceive any JACK'S DOLL	te and accurate ARS funds, I will	to the best of my knowledge. not consider receipt of such Efor Autism Foundation.

Signature: _____ Date: _____

JACK'S DOLLARS Scholarship Application

JACK'S PLACE for Autism Foundation

PAYMENT OPTIONS (Please Check One)
OPTION 1 - Payment made in full by Parent/Guardian. Proof of payment (i.e. cancelled check or receipt of payment from provider) sent to JACK'S PLACE for Autism Foundation. JACK'S PLACE will reimburse Parent/Guardian up to \$250.00 per individual per calendar year upon receiving proof of payment.
OPTION 2 - JACK'S PLACE for Autism Foundation to issue a check to the Program/Camp for the cost up to \$250.00 per individual per calendar year.
PLEASE ATTACH THE FOLLOWING:
Completed 2-page Scholarship Application
Copy of Program/Camp Application
Financial Information – Current Tax Return
Letter of Financial Need
Program/Camp Brochure with Brochure
One of the following: Current IEP (Individualized Education Plan) Current PCP (Person Centered Plan) Treating Physician's Written Diagnosis
Please read carefully, sign and date the following.
RELEASE AND WAIVER OF ALL CLAIMS
The undersigned releases and discharges JACK'S PLACE for Autism Foundation, its successors and assigns, and it respective agents, representatives, member of its Board of Directors, Officers, and Employees, from any and all claims, causes of action, liabilities, obligations, demands, damages, actions, expenses, and cost 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/Camp for which JACK'S DOLLARS Scholarship funds may be received.
Signature: Date:
Print Name: