

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 its 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: _____