



Avergan Foundation was created by Tom and Allison Barnhill in order to promote awareness and acceptance for autism spectrum disorders and to provide hope to affected families. As parents with a child diagnosed with an ASD, we know how important early detection and intervention are to the success of a child with autism. We also know the financial and emotional burdens are overwhelming. In order to alleviate the burden, Avergan Foundation provides scholarships to families who cannot afford to provide private educational services to their children, such as physical therapy, occupational therapy, speech therapy and special education.

All applications must be submitted electronically (via email) to hello@averganfoundation.org. Applications can be submitted at any time, but to be considered for a scholarship from January through June, the application deadline is November 30th. For the July through December scholarships, the application deadline is May 31st. Decisions will be made on/by December 15th and June 15th, respectively.

Recipients will be chosen by special committee appointed by the Avergan Foundation Board of Directors, with funds earmarked for children ages 2-5 years old that have been diagnosed with an autism spectrum disorder and are in financial need to pay for private therapy services.

Candidates should not submit more than one grant application during this time period, and the Avergan Foundation Grant Committee reserves the right to deny any application. Candidates must return the attached form. No substitute form will be accepted. If further space is needed, please submit additional pages. Incomplete applications will not be accepted.

Consent: The attached application and subsequent documentation authorizes the use and/or release of the protected health information for purposes of the Avergan Foundation Grant review process. I give Avergan Foundation, Inc. permission to verify information by contacting the providers directly. This authorization shall be valid for 6 months, unless otherwise stated. I understand that I may revoke this authorization in writing at anytime.

X _____
Signature/Date

- Incomplete applications will not be considered.

GRANT REQUIREMENTS/INFORMATION

- Only children ages 2-5 are eligible to apply for this grant
- Candidate must be diagnosed with an Autism Spectrum Disorder by a licensed physician
- Candidate must provide documentation to support claim that they are unable to cover costs of private therapy services due to financial hardship (see below "Financial Information" section for more information)
- If selected, grant funds will be distributed directly to therapy providers to be applied to monthly invoices
- All awards require recipients to volunteer at at least one Avergan Foundation event or provide three volunteer hours to the foundation during the scholarship period. Failure to timely complete the service hour requirements will result in the loss of the award and the recipient will be required to repay all monies within 30 days from default.

FINANCIAL INFORMATION: Total Household Income Must Be Verified.

- Attach a photocopy of your most recent federal income tax return. If guardians/parents file separately, please include both.
- If you did not file a tax return, explain why and provide a letter from your employer stating your income or a copy of your W2 form. **A pay stub is not sufficient.**
- If your financial situation has changed since your last filing, you must verify your current status and benefits, in addition to providing your most recent tax return.
- Include verification of other sources of income, i.e. child support, alimony, social security, savings, housing allowances, etc. **A written statement is not sufficient.**
- All financial information will be held in the strictest confidence.

Date of Application: _____

How did you hear about Avergan Foundation?

A. Candidate's Guardian Information

Relationship to Candidate: _____

Full Name: _____

Address (Street, City, State, Zip):

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email: _____

B. Candidate's Information

Full Name: _____

Address (Street, City, State, Zip):

Birth Date: _____ Disability: _____

Male/Female (circle)

C. Financial Information (Summary) * Documentation required in FINANCIAL INFORMATION must still be provided

Monthly Household Income: _____

Additional Monthly Income reported on tax return: _____

Additional Support Received from Government or State Agency:

D. Therapy Needs

Type of private therapy needed: _____

*** Please note we typically provide scholarship funds to one service and will provide funds to cover up to half of the monthly cost associated with the therapy. ***

Monthly Cost of private therapy: _____

Name and Address of therapy provider: _____

Phone Number of therapy provider: _____

Contact Person at therapy provider: _____

Email and Website of therapy provider: _____

E. Certification

I certify that this application is true and accurate to the best of my knowledge

Signature/Date

Signature of the candidate's guardian listed in section A of this application