

AuSM SCHOLARSHIP APPLICATION FORM 2017

AuSM wants to make its programs available to as many individuals as possible. Scholarships are available for those who qualify.

Since every family's financial situation is unique, income alone does not determine scholarship award. Family size, other assets and unusual expenses are factored into the decision-making process. You must complete all the information areas on this form and attach a copy of the front page of your most current Federal Income Tax Form showing your annual adjusted gross income (Line 37 of Form 1040 or Line 21 of Form 1040A) or verification of your social security benefits. Your application will not be considered until all information is received.

Scholarships are awarded at the discretion of the Scholarship Committee. Each recipient is limited to one AuSM Scholarship per calendar year.

Application Contact Information

Date _____

Applicant Name _____

Address _____

City _____ State _____ Zip _____

Phone _____

E-Mail _____

Child's Name (if applicable) _____ Age _____

AuSM Member Number (you must be a member to apply) _____

Financial Information - Wage Earner

What is your annual adjusted gross income?
(Line 37 of Form 1040/Line 21 of Form 1040A) \$ _____

2. Do you receive income from other sources?
(Examples include, but are not limited to grants, social security, retirement benefits, child support and spousal support.) No Yes
If yes, please enter that total amount. \$ _____

3. List number of dependants in your household. _____

4. Do you participate in Medical Assistance (MA) under TEFRA, CAC, CADI, TBI, an MR/RC Waiver or an out-of-home placement? No Yes
If yes, provide your Parental Fee amount. \$ _____

5. State the dollar amount you are requesting. \$ _____

Check the programs/service below for which you wish to receive a scholarship.

AuSM Membership

AuSM Camps

Camp Hand in Hand

Camp Discovery

Wahode Day Camp

Workshops and Classes

AuSM Social Skills Class

Class Name: _____

Life with Autism Series

Class Name: _____

AuSM Workshop

Workshop Name: _____

Minnesota Autism Conference

Other

Applications

Please complete both pages of this application and return them to AuSM via mail, e-mail or fax.

Information provided in this application will be destroyed after review and final determination is made. Future applications for scholarships will require a new form.

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Wage Earner Information

Primary Applicant: Last or present company _____

Business type _____ Job type/classification _____

Employer Address _____ City _____ State _____ Zip _____

Supervisor's Name _____ Business Phone Number _____

Base Salary _____ Dates worked (from/to) _____ Reason for leaving _____

Brief description of job duties _____

Secondary Applicant: Last or present company _____

Business type _____ Job type/classification _____

Employer Address _____ City _____ State _____ Zip _____

Supervisor's Name _____ Business Phone Number _____

Base Salary _____ Dates worked (from/to) _____ Reason for leaving _____

Brief description of job duties: _____

Briefly describe how the service you wish to receive will benefit yourself and/or your dependent.
(One paragraph maximum.)

Briefly describe why you need this financial help to attend. (One paragraph maximum.)

Signature _____

**Mail, e-mail or fax this form to: Autism Society of Minnesota, 2380 Wycliff St.
#102, St. Paul, MN 55114; E-mail: info@ausm.org; Fax: 651.642.1230.**

For office use only:

Scholarship Applied For	Scholarship Awarded	Office Code
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