

# AUSM SCHOLARSHIP APPLICATION FORM 2019

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

Since family financial situations are 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 AuSM 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 \_\_\_\_\_

Recipient's Name and Age \_\_\_\_\_

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

## Financial Information - Wage Earner

1. 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, spousal support, etc.)  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 AuSM program or service for which you are requesting 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.

# AuSM SCHOLARSHIP APPLICATION FORM 2019 (page 2)

## 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: \_\_\_\_\_  
\_\_\_\_\_

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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 \_\_\_\_\_

**Complete and return form to: Autism Society of Minnesota, 2380 Wycliff St.  
#102, St. Paul, MN 55114; E-mail: [info@ausm.org](mailto:info@ausm.org); Fax: 651.642.1230.**

*For office use only:*

Scholarship Applied For	Scholarship Awarded	Office Code
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