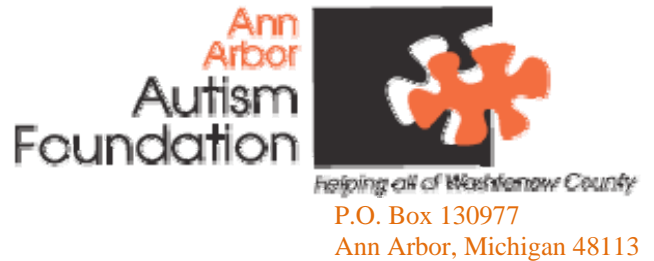


Financial Aid Application



Date: _____ Primary language of person completing this form: English Other: _____

_____ Birth Date _____ Male Female
Name of Applicant who will benefit from this scholarship Gender (circle)

_____ Date of diagnosis
Diagnosis (eg, autism, PDD-NOS, Asperger's, etc.)

Name and professional credential(s) of person who made this diagnosis (eg, MD, PhD, MSW, etc.)

_____ (_____) _____
Name(s) of Parent(s) or Guardian(s) Home phone

_____ (_____) _____
Street Address Cell or alternate phone

_____ e-mail address(es)
City, State, ZIP

_____ # of minor children, excluding applicant
Marital/relationship status of parents or guardians

_____ Employer name & phone #
Occupation of father/Guardian #1

_____ Employer name & phone #
Occupation of mother/Guardian #2

Please provide a detailed description of the services for which you seek financial aid. Please list the name of the service provider with the address and phone number for a contact person. The Ann Arbor Autism Foundation check will be written directly to the service provider unless an exception is granted. **Attach additional pages as needed.**

Provider: _____ Contact Person: _____

Provider address: _____ Phone: (_____) _____

The Autism Foundation expects that all applicants will make some financial contribution for services.

Total cost of program \$ _____ How much can you contribute? \$ _____

Financial Resources for the Year

Annual Income for the Year

Your current annual earned income	\$ _____
Spouse or 2 nd guardian annual earned income	\$ _____
Student loans	\$ _____
Alimony received	\$ _____
Annual child support	\$ _____
Annual VA, Social Security Benefits	\$ _____
Other income	\$ _____
Total annual income before tax	\$ _____

Expenses for the Year

Typical living expenses are taken into account in the award processes. Please list below any unusual expenses. Give amounts on an annual basis.

Tuition	\$ _____
Daycare	\$ _____
Alimony and child support payments	\$ _____
Unreimbursed therapy expenses for family members	\$ _____
Other unreimbursed medical expenses for family members	\$ _____
Payments on educational loans	\$ _____
Any other unusual expenses (please describe below)	\$ _____

Home Ownership and Other Assets and Liabilities

Do you own your own home and/or any other real estate? Yes ___ No ___

If yes, please list each piece of real estate separately with its approximate value.

Primary home \$ _____

Other real estate: _____ \$ _____

Do you have any mortgages outstanding on your primary home or any other real estate you own?

Yes ___ No ___ If yes, what is your TOTAL monthly mortgage payment? \$ _____

Do you rent your home? Yes ___ No ___ If yes, what is your monthly rent? _____

Savings and retirement accounts including retirement accounts like 401 K and/or 403 B. List each account and approximate balance as of the latest valuation date.

_____	_____
_____	_____
_____	_____

Please list any other significant assets that you own or liabilities that you owe, for example credit card debt.

Other Considerations

Medical insurance coverage

Company & Type: _____ Monthly premium \$ _____

Will your medical insurance pay for any of the services described in your request? Yes ___ No ___

If yes, please describe: _____

Does your medical insurance cover any therapy for autism? Yes ___ No ___

If yes, please describe coverage or attach a description provided by your insurance company: _____

Is your child eligible to receive financial aid from any other agency? Yes ___ No ___

Is your child currently receiving financial aid from any other agency? Yes ___ No ___

If so, please provide the name and phone number of the agency and the amount being received.

Please describe any other information about your family's financial situation and a description of your child's disability which may help establish need for financial aid. **Attach additional pages as necessary.**

NOTE: To be considered for a scholarship award, a copy of your most recent federal income tax return must be included in the application package. In addition, please provide the most recent W-2 for you and/or your spouse if applicable. If you need assistance, please call our Treasurer Kathy Wright at 734/665-2769 or e-mail her at kathy1255@aol.com