



# nd autism connection

Helping Families Connect the Pieces

## NDAC Scholarship Information

The **NDAC** will be offering scholarships to families with children and youth with an Autism Spectrum Disorder (ASD) and other developmental disorders. These scholarships will provide an opportunity for families to access educational and training opportunities; and or to help a child financially attend a camp for children with special needs. Scholarship amounts will vary according to the requested need. Scholarships will be awarded on a competitive basis and require the application to be completed along with a family statement. *All families are encouraged to apply.*

## Family Statement

The **Family Statement** will need to include the following: criteria for need, the intended use of the scholarship, and a brief description of family, name and age of child and diagnosis (if applicable). Your statement should be at least 200 words or more. Be sure to include your name and personal information, along with email address (if applicable) at the top of your statement. If mailing your statement please attach to the application.

## Deadlines

Return the completed form along with your family statement at least **30 days** prior to the event to be considered for a scholarship. You will be notified 14 days prior to the event if you have been chosen for a scholarship.

Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

**ND Autism Connection  
Scholarship Form**  
Please Print

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Parents/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

Number of Siblings and Ages: \_\_\_\_\_

Diagnosis:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parents Employer:    Father: \_\_\_\_\_  
                                 Phone: \_\_\_\_\_  
                                 Mother: \_\_\_\_\_  
                                 Phone: \_\_\_\_\_

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**DESCRIBE YOUR FINANCIAL NEED:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Does your child receive speech therapy?**      Yes \_\_\_      No \_\_\_  
**Does your child receive occupational therapy?**      Yes \_\_\_      No \_\_\_  
**Does your child receive physical therapy?**      Yes \_\_\_      No \_\_\_  
**Does your child receive behavioral therapy?**      Yes \_\_\_      No \_\_\_

**Name and address of conference, camp, seminar, etc. (if applicable) are you applying for:**

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**Date of conference, camp, seminar, etc. (if applicable)** \_\_\_\_\_

**What other interest would you like to see NDAC do for our community?**

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**PARENT SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_