

AUTISM SOCIETY CENTRAL VIRGINIA EDUCATION ENRICHMENT SCHOLARSHIP

The Autism Society Central Virginia's Education Enrichment Scholarship is designed to improve the quality of life for individuals with Autism and their families/caregivers. This award may be used by the individual and/or family members/caregivers towards educational enrichment opportunities. A total of up to \$300 per membership is available per calendar year.

Examples of qualifying activities include: conference registration, workshops, webinars, or tuition, and fees related to educational endeavors related to ASD.

Eligibility Guidelines

To be eligible for this scholarship award, an individual or family member:

1. Must be a current member of ASCV;
2. Reside in the Metro-Richmond area (to include surrounding counties);
3. Individual or family member must have a diagnosis of an autism spectrum disorder.

Process

Complete **attached application** along with the **required supplemental documents, including completed registration & paid receipt**, and submit it via email (info@ascv.org), fax (804-655-0484) or mail (200 South 3rd Street, Richmond, VA 23219).

Scholarships of up to \$300 per member (either the individual on the spectrum or a family member/caregiver) per calendar year may be available. Members may apply more than once, although total sum of all scholarship awards requested cannot exceed \$300 per calendar year. Partial scholarships could be awarded.

Payments will be made directly to the member upon receipt of registration, proof of payment, and confirmation of attendance provided to ASCV within 30 days of the event. Receipt of payment, if separate from the proof of registration, must include: amount paid, date of conference, name of conference, and name of person attending the conference. **Applications without a copy of program registration and payment will not be processed.**

Only complete applications will be considered. ASCV's Scholarship Committee will review all applications. Scholarship monies will be awarded based upon the number of applications received, the amount of funds available, and the information provided on the application.

Recipients will be asked to complete a brief survey for the ASCV of their experience following receipt of the scholarship award.

Scholarship Processing

Processing of payment for approved scholarships could take up to 30 business days from the receipt of a completed application and proof of attendance. Please plan accordingly.

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EDUCATION ENRICHMENT SCHOLARSHIP CHECKLIST

Please make sure you have included each of these items before submitting your application:

_____ Application form

_____ Proof of diagnosis (an ASD medical diagnosis, an educational label or other verifiable documentation from a qualified professional)

_____ Proof of Registration **and** Payment (copy of paid receipt **and** registration)

Proof of registration includes:

- Name of event (e.g., conference, workshop, class)
- Date(s) of educational event
- Full name of person attending the conference
- Amount paid

_____ Proof of attendance, provided to ASCV within 30 days of event

Applications without a copy of receipt and registration will not be processed.

Processing of complete applications and payments for approved scholarships may take up to 30 days. Please plan accordingly.

Completed applications may be received in any of the following ways:

Mail to:

ASCV
200 South 3rd Street
Richmond, VA 23219

Email to:

info@ascv.org

Fax to:

804-655-0484

Applicants for funding through this program may be receiving other federal, state or local benefits and services. Because financial eligibility for programs varies greatly, funding paid directly to the individual or to a representative on the individual's behalf may be counted as "unearned income" and could impact program eligibility.

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APPLICATION

ARE YOU A MEMBER OF THE AUTISM SOCIETY CENTRAL VIRGINIA? YES NO

Note: This scholarship is only available to current ASCV members

NAME OF MEMBER APPLYING FOR AWARD _____

NAME OF PERSON(S) PLANNING TO USE AWARD _____

RELATIONSHIP OF BENEFICIARY (i.e., relation to the member with ASD):

- Individual (Self)
- Parent, Guardian
- Caregiver (attendant, babysitter)
- Family member (sibling, grandparent, uncle)
- Other (must specify): _____

MEMBER'S STREET ADDRESS _____

CITY _____ ZIP _____

PHONE # _____

CONTACT E-MAIL ADDRESS _____

SCHOLARSHIP INFO

AWARD AMOUNT REQUESTED (up to \$300 per calendar year/per membership) \$ _____

EVENT NAME & SPONSORING ORGANIZATION _____

DATE(S) OF EVENT _____ LOCATION _____

DESCRIPTION OF EDUCATIONAL ENRICHMENT OPPORTUNITY (content, purpose of event, etc.)

Applications without a copy of registration and receipt will not be processed.

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FOR INFORMATIONAL PURPOSES

HAS APPLICANT APPLIED FOR A MEDICAID WAIVER? YES NO

DOES APPLICANT HAVE A MEDICAID WAIVER? YES NO

IF YES, WHICH ONE?

DD EDCD

IF NO, IS APPLICANT ON WAIVER WAITING LIST?

YES NO

DOES APPLICANT RECEIVE MEDICAID? YES NO

IF ON THE DD WAIVER WAITING LIST, HAVE YOU APPLIED FOR THE INDIVIDUAL AND FAMILY SUPPORT PROGRAM (IFSP) FUNDING? NO YES

IF YES, DID YOU RECEIVE FUNDING FOR TRAINING? _____ HOW MUCH? _____

ATTACH IFSP APPROVAL/DENIAL LETTER

NAME OTHER AGENCIES or SOURCES YOU HAVE CONTACTED FOR FUNDING (please indicate the results of those contacts): _____

PLEASE PROVIDE ANY ADDITIONAL INFORMATION TO ASSIST THE SCHOLARSHIP COMMITTEE WITH CONSIDERATION WHEN EVALUATING THIS APPLICATION:

Applications without a copy of registration and receipt of payment will not be processed.

APPLICANT SIGNATURE

I certify that the information in this application is true and complete to the best of my knowledge.

Applicant Signature _____ Date _____

or, if applicable
Parent/Guardian Signature _____ Date _____