

AUTISM SOCIETY CENTRAL VIRGINIA RECREATIONAL AND SOCIAL SCHOLARSHIP PROGRAM

The Autism Society Central Virginia's Scholarship Program was developed to help children, youth and adults on the autism spectrum participate in recreational and social activities.

Examples of qualifying activities could include, but are not limited to: day camps, overnight camps, social skills groups, recreation leagues, bowling lessons, swimming lessons, dance lessons, etc.

Examples of non-qualifying activities could include, but are not limited to: admission to theme parks, respite care, daycare, adult day programs, individual therapies (e.g., OT, speech, PT, ABA), tickets to movies or sporting events, individual outings (e.g., bowling vs. bowling league), etc.

Guidelines

To be eligible for a scholarship, an individual must:

- 1) be diagnosed with an autism spectrum disorder
- 2) reside in Metro-Richmond or a surrounding county.

Process

Complete **attached application** (one per individual on the spectrum) along with **required supplemental documents, including an invoice or paid receipt for the current calendar year**, 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 individual on the spectrum per calendar year may be available. Partial scholarships could be awarded. **Applications without a copy of receipt/invoice will not be processed.**

Only complete applications will be considered. **Monies will be sent directly to the program (invoice required) or reimbursed with a paid receipt.** A Committee will review all applications and 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 with their provider following receipt of the scholarship.

Scholarship Processing

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

**AUTISM SOCIETY CENTRAL VIRGINIA
SCHOLARSHIP PROGRAM**

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 Service or Payment (either an invoice for the services -OR- a copy of the paid receipt)

Proof of service includes:

- Date
- Service or Camp Name
- Name of Organization providing the service

Applications without a copy of receipt/invoice will not be processed.

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. In order to ensure that recipients of the scholarship fund do not jeopardize other benefits or services they may be receiving, it may be advisable for supports or services to be paid directly to the vendor providing social/rec recreational services. Money distributed as a vendor payment will not be considered income since the payment goes to the vendor. It is up to the individual to confirm this with any other program they may be receiving support.

**AUTISM SOCIETY CENTRAL VIRGINIA
SCHOLARSHIP APPLICATION**

APPLICANT NAME (i.e., individual with ASD)

AGE _____ DATE OF BIRTH _____

STREET ADDRESS _____

CITY _____ ZIP _____

PHONE # _____

PARENT/GUARDIAN NAME _____
(if applicant is not filling out this application)

CONTACT E-MAIL ADDRESS _____

APPLICANT'S DIAGNOSIS _____

ARE YOU A MEMBER OF THE AUTISM SOCIETY CENTRAL VIRGINIA? _____

SCHOLARSHIP INFO

AMOUNT OF FUNDING REQUESTED _____

PROGRAM / SERVICE PROVIDER _____

DESCRIPTION OF RECREATION OR SOCIAL ACTIVITY (include as much detail as possible,
including contact information of the provider or program, brochures, website printouts, etc.)

Applications without a copy of receipt/invoice will not be processed.

FOR INFORMATIONAL PURPOSES

HAS APPLICANT APPLIED FOR A MEDICAID WAIVER? _____

DOES APPLICANT RECEIVE MEDICAID? _____

DOES APPLICANT RECEIVE A MEDICAID WAIVER? _____ IF YES, WHICH ONE?

DD

EDCD

IS APPLICANT ON A MEDICAID WAIVER WAITING LIST? _____

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

IF YES, DID YOU RECEIVE FUNDING FOR RECREATIONAL/SOCIAL PROGRAMS? _____
HOW MUCH? _____ **ATTACH IFSP APPROVAL/DENIAL LETTER**

NAME OF OTHER AGENCIES OR SOURCES YOU HAVE CONTACTED FOR FUNDING? (please indicate the results of those contacts)

IS THERE ANY OTHER APPLICABLE INFORMATION YOU WOULD LIKE TO PROVIDE TO THE SCHOLARSHIP COMMITTEE FOR CONSIDERATION WHEN EVALUATING THIS APPLICATION? (if so, please describe)

Applications without a copy of receipt/invoice 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 _____

Applications without a copy of receipt/invoice will not be processed.