

## **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 leagues, 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, supplemental educational programs, individual therapies (e.g., OT, speech, PT, ABA), tickets to movies or sporting events, individual outings (e.g. individual bowling vs. bowling league), etc.

### **Guidelines**

To be eligible for a scholarship, an individual must:

- 1) be diagnosed with an autism spectrum disorder; and
- 2) reside in Metro-Richmond or a surrounding county (Chesterfield, Hanover, Henrico, City of Richmond, Dinwiddie, New Kent, Powhatan, Amelia, Prince George, King William, Goochland, Petersburg, Colonial Heights, Hopewell).

### **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](mailto:info@ascv.org)), fax (804-655-0484) or mail (200 South 3<sup>rd</sup> Street, Richmond, VA 23219). Scholarships 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. 75% of scholarship funds will be awarded to individuals with current ASCV membership.

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.**

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**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 3<sup>rd</sup> 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.*

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APPLICANT NAME (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 info of the provider or program, brochures, website printouts, etc.)

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

### FOR INFORMATIONAL PURPOSES

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

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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)

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### 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.**