

**AUTISM SOCIETY CENTRAL VIRGINIA
EDUCATION ENRICHMENT SCHOLARSHIP
Guidelines effective July 1, 2019**

The Autism Society Central Virginia's Education Enrichment Scholarship provides funds for families, caregivers and individuals with autism to attend conferences, workshops, and webinars to gain information and access to resources related to autism, network with other individuals and professionals, and acquire skills necessary to best support themselves and/or their loved one with autism. A total of up to \$300 is made available towards educational enrichment opportunities per calendar year per ASCV membership.

Examples of qualifying activities include conference registration, workshops, and webinars related to ASD for parents, caregivers and self-advocates.

Examples of non-qualifying activities include, but are not limited to: day support programs, supplemental educational programs, tutoring and afterschool educational programs, or academic skills groups, as well as any programs that qualify under the ASCV's recreational scholarship program.

Eligibility Guidelines

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

1. Be a current member of ASCV;
2. Reside in Metro-Richmond or a surrounding county (Amelia, Chesterfield, City of Richmond, Colonial Heights, Dinwiddie, Goochland, Hanover, Henrico, Hopewell, King William, Louisa, New Kent, Powhatan, Prince George, Petersburg)
3. Have a diagnosis of an autism spectrum disorder.

Process

Complete **attached application** (one per membership) along with the **required supplemental documents, including completed registration & paid receipt**, and submit it via email (info@ascv.org) or mail (200 South 3rd Street, Richmond, VA 23219). Scholarships up to \$300 per membership (either the individual on the spectrum or a family member/caregiver) per calendar year may be available. Partial scholarships could be awarded.

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

Only complete applications will be considered. The ASCV's Scholarship 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 about 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 complete application. 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 educational event (e.g., conference, workshop)
- Date(s) of educational event
- Full name of person attending the conference
- Amount paid

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

**AUTISM SOCIETY CENTRAL VIRGINIA
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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, respite provider)
- Family member (sibling, grandparent, uncle, etc.)
- 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

NAME OF 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 _____