

Autism Society of Central Illinois (A.S.C.I.)

2014 Caregiver Grant

Applications are accepted on a rolling basis (funding year begins July 1) until the maximum number of grants are distributed for the year. Applications and materials must be submitted at least 30 days prior to the event.

Step 1: Person with autism spectrum disorder

Name _____

Date of birth ___ / ___ / ___ Grade in school _____

Name of school _____

Please include a copy of the doctor's letter or page of IEP from school indicating diagnosis.

Step 2: Parent or legal guardian information (if applicable or if person is under 18 years old) – if you are a legal guardian please provide documentation of your status

Mother's name (or legal guardian) _____

Address _____

Phone (day) _____ (night) _____ Email _____

Father's name _____

Address (if different) _____

Phone (day) _____ (night) _____ Email _____

Step 3: Tell us about your grant request (please provide documentation of cost)

Amount requested \$ _____ What will you use the funds for? _____

Step 4: Sign below

I have read and completed this grant application and certify that the information contained in it is correct to the best of my knowledge and belief. I certify that I have made a diligent search for other sources of funding for this request and that, to the best of my knowledge; there are no other resources, public or private, available to fulfill this request.

___ / ___ / ___

Signature of person, parent or guardian

Date of signature

Step 4: Mail your application and supporting documentation

**Our address is: Autism Society of Central Illinois
PO Box 8781
Springfield, IL 62791-8781**

Funds are limited, apply early.

For more information: call (217)585-1421 * email info@asacic.org * visit www.asacic.org

Would you like to volunteer to help with any of ASCI's upcoming events or projects?

Yes _____ No _____

