



2016 Blake Penner Memorial Grant Information Form

Important: Application must be postmarked by October 31, 2016

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)

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 funding request

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 completed application to us by the deadline of Oct. 31, 2016.

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

Funds are limited, apply early.

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

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

Yes _____ No _____

Blake Penner Memorial Grant Information

This grant program is named in memory of a special little boy, Blake Penner. This grant is provided by the Autism Society of Central Illinois from funds locally raised and is intended to meet the special needs of an individual with autism in central Illinois.

Who is eligible for this grant?

The beneficiary of the grant must be a person with autism spectrum disorder (Asperger's, PDD, Autism) who lives within the central Illinois area (must live in Sangamon or Menard County or other qualifying zip codes listed on our website). The application must be completed by the person or by his or her parent or legal guardian **and documentation of diagnosis must be included.**

What may the grant be used for?

A total of up to \$200 is available to help fund anything that improves the life of the person with autism. There is no limit on the number of grants that make up the total. For example, there may be two \$100 grants for one person (\$200 total). The request may be on separate applications or on one application.

Example of grant uses:

Adaptive bicycle	Therapy: Occupational	Educational conference fees
Educational consultant fees	Therapy: Physical	Training Materials
Educational advocacy	Therapy: ABA	Horseback riding lessons
Social skills training	Therapy: Speech	Sensory Integration
Vision Services	Handwriting lessons	
Educational, behavioral, or other assessments		

How do I apply?

To apply for funds, complete the application form, attach required documentation, and send it to us at the address on the bottom of the application. After we receive your completed application, it will be reviewed to determine if we need additional information to approve the request. Since there is a **limited** amount of money, please apply as soon as you can – funds may run out! **The deadline to apply is October 31, 2016. (Application must be mailed. Postmark required.)**

Required Documentation for Request:

Include with this application the invoice or cost information for the request. It must reference where the payment is to be made payable and the address for the payment. You will be notified in writing within 60 days of the status of your request.

We hope that the grant program is helpful to you. Please let us know what other events, speakers, trainings, or offers you would like from us. Your thoughts are important to us.

Questions? Please let us know. Our contact information is at the top of this page.

