



Blake Penner Memorial Grant Information Form

Person with autism spectrum disorder

Name _____

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

Name of school _____

Please include a copy of the diagnosis by a doctor or clinician or page of IEP from school indicating autism diagnosis.

Parent or legal guardian information

Mother's name (or legal guardian) _____

Address _____

Phone (day) _____ (night) _____ Email _____

Father's name _____

Address (if different) _____

Phone (day) _____ (night) _____ Email _____

Tell us about your funding request

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

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

Mail or email completed application

Our address is: Autism Support of Central Illinois

5220 South 6th St, Suite 2300B

Springfield, IL 62703

Out email is: info@autismcil.org

Blake Penner Memorial Grant Information

This grant program is named in memory of a special little boy, Blake Penner. The grant is provided by Autism Support of Central Illinois from generous donations received and local fundraising efforts and is intended to meet the particular 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 (can have a diagnosis of Asperger's, PDD, Autism from prior to the DSM 5) who lives within the central Illinois area (approximately 60 mile radius of Springfield, Illinois). The application must be completed by the person or by his or her parent or legal guardian and documentation of autism diagnosis must be included.

What may the grant be used for?

A total of up to \$500 per individual or family 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 \$500.00 total. The requests may be on separate applications or on one application.

Example of grant uses:

- Therapy: Occupational, Physical, ABA, Speech, Equine, Other
- Education: Tutoring Services, Conference fees, Training fees, Consultant fees
- Assessments: Educational, Behavioral, Other
- Health & Wellness: Vision, Dental or other Services
- Swim Lessons for child or adult with autism
- Social Skills Training, Summer Camp, Specialized Camp Programs
- Assistive Technologies

How do I apply?

To apply for funds, complete the application form specifying for which use the grant funds are intended, 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 from you to approve the request.

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 of the status of your application in writing within 60 days of the status of your request.

We hope that the Blake Penner Memorial Grant program is helpful to you. Please let us know what other resources, supports, services, events or offerings would be helpful for you or your family. Your thoughts are important to us!