

## 2012 SCHOLARSHIP APPLICATION FORM

The Autism Society of Minnesota is pleased to offer scholarships to allow greater participation in our many programs. Please complete the front and back of this form.

Date \_\_\_\_\_

**You must be a member to receive a scholarship.**

**Check the service below for which you wish to receive a scholarship.**

AuSM Membership Fee

**Camps**

Camp Hand in Hand

Camp Discovery

Wahode Day Camp

**Workshops and Classes**

Discovery Series

Eagle's Nest

MN Autism Conference

Workshop (Please write in the name of the workshop)

**Other**

(Please Specify)

**Information provided in this application will be destroyed after review and final determination is made. Future applications for scholarships will require a new form.**

### Application Procedure

Since every family's financial situation is unique, income alone does not determine scholarship need. Family size, other assets and unusual expenses are factored into the decision-making process. You must complete all the information areas on this form and attach a copy of the front page of your 2011 Federal Income Tax Form showing your annual adjusted gross income (Line 37 of Form 1040 or Line 21 of Form 1040A) or verification of your social security benefits. **Your application will not be considered until all information is received.**

Scholarships are awarded at the discretion of the Scholarship Committee and are limited to one scholarship per calendar year.

### Contact Information:

\_\_\_\_\_  
Your Name (First and Last)

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Daytime Phone

\_\_\_\_\_  
Email Address

### Financial Information:

1. What is your annual adjusted gross income?  
(Line 37 of Form 1040/Line 21 of Form 1040A)

\$ \_\_\_\_\_

2. Do you receive income from other sources?  
(Examples include, but are not limited to grants, social security, retirement benefits, child support and alimony.)  No  Yes

if yes, please enter that total amount.

\$ \_\_\_\_\_

3. List Number of dependants in your household.

\_\_\_\_\_

4. Do you participate in Medical Assistance (MA) under TEFRA, CAC, CADI, TBI, an MR/RC Waiver or an out-of-home placement?  No  Yes

if yes, provide your Parental Fee amount.

\$ \_\_\_\_\_

5. State the dollar amount you are requesting

\$ \_\_\_\_\_

**Please, also complete information on the reverse side.**

**Employment**

Last or present company	Type of business	Type or classification of job
Street address of employer		Phone number
City	State	Zip
Supervisor's Name	Base Salary	Dates worked (from/to)
Reason for leaving		
Brief description of job duties:		

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**Reason for Scholarship**

**Briefly describe how the service you wish to receive will benefit yourself and your dependent. (One paragraph maximum.)**

**Briefly describe why you need this financial help to attend. (One paragraph maximum.)**

**I certify that all information contained on this form is complete and accurate.**

\_\_\_\_\_  
Your Signature

**Mail this form to:**

Autism Society of Minnesota  
2380 Wycliff Street, Suite 102  
St. Paul, MN 55114

**Or FAX to:**

651-642-1230

**For AuSM Office Use Only**

Scholarship Applied For:	Scholarship Awarded	Office Code
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