



50 S. Kankakee St.
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Autism Spectrum Disorder Scholarship Application Form

Fall 2014

Eligibility Requirements:

- 1) Must be medically diagnosed with ASD
- 2) Must show financial hardship; difficulty providing care for child with ASD
- 3) Live in Grundy or Will Counties
- 4) Must be age 3+

Name of Child: _____

Address: _____

Birthdate: __/__/__

County: _____

Phone Number: _____ Email Address: _____

Annual Family Income: \$ _____ Insurance: _____

Annual Cost of Care (estimate but proof will be required if selected): \$ _____

Number of Household Family Members: _____

Diagnosis w/ Diagnosed Date (List all): _____

Current Treatment Plan (List all): _____

Treating Therapist(s) & Physician(s) Name & Phone Number:

Equipment Currently Used: _____

Supplements, Diet or Prescriptions Currently Used: _____

Other information relevant to scholarship selection: _____

Equipment, Supplements or Medical Expense Desired if Chosen (List 3 in order of importance) _____

Have you received Hope Helps scholarship in previous years? _____ Scholarship amount: _____

Other scholarships applied for: _____

****Hope Helps will directly purchase equipment, supplements or payment directly to medical facility.**

Required Information Needed:

- 1) Autism Spectrum Disorder Scholarship Application Form
- 2) 2-4 page Letter/Presentation to Committee (Your Story, Philosophy, Goals, and How You Would Use Scholarship)
- 3) Mail to Brittney Kaluzny; C/O HOPE HELPS; 50 S. Kankakee St.; Coal City, IL 60416

Application Deadline: September 19, 2014

Scholarship Notification: October 2014