



2011 Grant Application for Non-profit Organization

Date: _____

Name of Organization: _____

Address: _____ Day time #: _____

E-mail Address: _____

Website Address: _____

Tax ID Number: _____

Organization must be a 501(3)(c) organization.

Describe your organization and what you do to help children with autism spectrum disorders:

List your organizations mission statement:

How will your organization choose the precipitants of the Grant for scholarships?

Please provide us with a brochure of your organization.

Grant Guidelines:

1. Organization must have a current 501(3)(c)tax ID number
2. Scholarships must be given to children with autism spectrum disorders.
3. Grant Scholarship money must only be used for scholarships.
4. The Parker Autism Foundation reserves the right to use your organization's name in any form as a grant recipient, if your organization is chosen.
5. The Parker Autism Foundation also reserves the right to use the child/Children's name in any form as a scholarship recipient.

By signing this grant application you agree to all terms. It is your organizations responsibility to make sure that there are no violations of this agreement. Please have two officers sign the application.

Signature

Title

Signature

Title

For Office Use only

Date received:

Application completed correctly _____
501(3)(c) checked _____

Date Voted on, by Scholarship Committee:

Approved: _____ Not Approved:

Amount Approved: _____

Signature of President