

 **the Parker Autism Foundation**
2010 Summer Camp Scholarship Form

Name: _____ Phone: _____
Address: _____

E-mail Address: _____

Yearly income: _____

Monthly medical expenses: _____

Child's name: _____

Child's diagnosis: _____

Who diagnosed your child and when: _____

What services is your child receiving now:

Please give us an idea of your child's strengths and needs:

How would attending camp benefit your child?

Name, contact person and address of camp that you would like your child to attend: _____

Please also include any information that may be helpful to us in making our decision. If you need more room to answer a question, please just attach a separate sheet of paper and note question number.

Please include a copy of your last year's income tax return.

Please allow up to six for approval. We will be notifying you as soon as a decision is made. We will let you know as soon as we have come to a decision. Thank you for your interest in our Foundation. We look forward to working with you and your child.

Dead Line for 2010 Summer Camp Scholarships is May 1,2010

Sincerely,

Shelley Reilley
Executive Director

Send all information with this form to:
The Parker Autism Foundation
5290 Cambridge Bay Drive
Charlotte, NC, 28269

For Office Use only

Date received:

Application completed correctly _____

Date voted on, by Scholarship Committee:

Approved: _____ Not Approved: _____

Amount Approved: _____

Signature of President