



Project iAm has distributed thousands of dollars to families in the Northwest Ohio area to help with their children’s ASD needs. One request we always receive is to distribute iPad’s for classroom and at home use. Because of board regulations, we have not been able to fulfill these requests with our scholarship process.

So, we are doing what we do best and help our families with a Holiday Contest! We have a limited number of devices to give away so please follow the simple instructions below and submit your application by **December 1, 2015** for consideration.

- 1) Please provide the ASD qualified medical diagnosis of your child(ren)
- 2) Please provide a letter from a therapist, teacher, etc. indicating that the child would benefit from the use of an iPad, how s/he would benefit from its use, where the device would be used, and how we can assure that it will be only used for the child’s use and for no adult, parent, or other child. Include whether you will be preloading all applications.
- 3) Please provide a thoughtful statement on your child’s situation, ASD, and how the device would benefit your child.

By submitting this application in full by **December 1, 2015** and signing below, parent or guardian is agreeing that all the information provided is a true and accurate statement. Parent or guardian is also agreeing that only the ASD child will be benefitting from the use of the device and that only ASD appropriate and suggested applications will be loaded on the device. Parent or guardian is agreeing that if Project iAm discovers that the device is being used for any other non-ASD reason, the device is subject to removal from the family and redistribution to another family in need.

Child’s name: \_\_\_\_\_  
Parent or guardian name: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Home address: \_\_\_\_\_  
Email address: \_\_\_\_\_  
Telephone number: \_\_\_\_\_  
Have you ever volunteered for a Project iAm event? \_\_\_\_\_ Have you ever attended a Project iAm event? \_\_\_\_\_ If yes, which event(s)? \_\_\_\_\_

Please return application and all materials by **December 1, 2015** to the address below

Please email [nikhoury@yahoo.com](mailto:nikhoury@yahoo.com) for any questions. Faxed or Electronic applications will not be accepted.

**For office use only:**

Application postmarked by December 1, 2015/ Qualified Medical Diagnosis Statement regarding Device/ Parental/Guardian Story/ Signed acknowledgment