



Project iAm Scholarship Renewal Request

Please be advised, that Project iAm shall not show any specialized treatment to one child by continuously granting his or her requests. Each individual is reviewed fully by the Scholarship Committee as each application is received. Factors including (but not limited to) volunteering, age and progress of the child, and past communication and cooperation with Project iAm, shall be considered.

General Information

Applicant's Name: _____

Applicant's Date of Birth: _____

Street Address: _____

Guardian(s) Name(s): _____

Guardian's primary email: _____

****Please note that our preferred method of communication is email. Please note whether this is unacceptable.**

Primary Telephone Number: _____

Current Diagnosis _____

DATE of Diagnosis _____

Doctor and facility that Diagnosed _____

Previous Scholarship Information

When did you receive your previous Project iAm Scholarship? _____

For what did you use your funding? _____

How did this funding affect your family? _____

What was the amount of your previous funding? _____

Have you ever volunteered for Project iAm? YES NO

If yes, When and where? _____

Specific Financial Request

Type of Treatment/Therapy/Assistance _____

Is the child currently attending/enrolled? YES NO

Amount Requested _____

Amount of monthly family contribution to the child's ASD needs? _____

Provider Requested for funding _____

Provider email and/or phone _____

Have you requested funding from any other resources? YES NO

What was the outcome of that application? _____

Please describe how your child has benefitting from the treatment/services for which s/he is requesting additional funding (please write narrative on separate paper).

All renewal applications must be accompanied by:

_____ **Treatment Provider Assessment of Services applicability for your child**

_____ **Treatment Provider Assessment of Costs**

_____ **Previous Year Tax Return**

****A follow up questionnaire or in-person interview may be required.****