

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? TYES NO
If yes, When and where?
Specific Financial Request
Type of Treatment/Therapy/Assistance
Is the child currently attending/enrolled? TYES 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.