



**RICHARD AND NANCY DORSCHER FAMILY FOUNDATION PROGRAM**

**PERSONAL INFORMATION:**

Name of Applicant: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Parent/Guardian Name (if applicant is under 18 years old): \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**COMBINED ANNUAL HOUSEHOLD INCOME INQUIRY (please check one):**

- Less than \$30,000                       \$30,001 - \$45,000                       \$45,001 - \$60,000
- \$60,001 - \$75,000                       \$75,001 - \$99,999                       \$100,00 or more

**ELIGIBILITY QUESTIONNAIRE:**

1) Name of program for which applicant is seeking a scholarship: \_\_\_\_\_

2) How will this program benefit the applicant?

3) Explain why you would like to be considered for a scholarship, include and special circumstances.

4) AutismUp has limited financial resources, therefore, if eligible, it is expected to seek funds from other sources. Does your child have OPWDD eligibility (self-direction, flex-funds, family reimbursement) and have you sought other funding sources for this program?

Yes     No    Funding Source (if applicable): \_\_\_\_\_

**Submit completed form and the latest copy of your tax return (top two pages).  
Tax forms are required for scholarship consideration.**

Tax Forms and application can be submitted either:

1) Mailed to 50 Science Parkway, Rochester, New York 14620, ATTN: Program Office

2) Scanned / Digitally Photographed (from smart device) and emailed to [programs@autismup.org](mailto:programs@autismup.org)  
SUBJECT: Scholarship Submission - (LAST NAME)