



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 Address: _____

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): _____

Please email completed form and a scan/smart phone image of tax forms to programs@autismup.org.

I have submitted the latest copy of my tax return (top two pages), required for scholarship consideration

If you have any questions, please contact Craig Jones at cjones@autismup.org