



# Richard and Nancy Dorschel Family Foundation Scholarship Program

## Personal Information

Name of person using scholarship: \_\_\_\_\_ Age: \_\_\_\_\_

Parent(s) or Guardian(s) Full Name: \_\_\_\_\_

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

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

## Annual Household Income (Please Circle One)

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

## Request Questionnaire

1. Name of program for which you are seeking a scholarship: \_\_\_\_\_

2. How much are you able to contribute?: \_\_\_\_\_

3. How will this program benefit the person with Autism or related disability? (add page if needed):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Explain why you would like to be considered for a scholarship (add page if needed):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Does your child have other funding sources (Self Direction, OPWDD Waiver, or Family Reimbursement)?:

No     Yes: \_\_\_\_\_

**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: Program Scholarship Submission - (LAST NAME)