



Richard and Nancy Dorschel Family Foundation Scholarship Program

Personal Information:

Name of person with ASD: _____ DOB: _____ Age: _____

Parent(s) or Guardian(s) Full Name: _____

Street Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email: _____

Annual Household Income (please check one)

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

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

2. How much could you pay? _____

3. How will this program benefit the person with ASD? *(add page if needed)*

4. Explain why you would like to be considered for a scholarship, include any special circumstances? *(add page if needed)*

5. AutismUp has limited financial resources, therefore, if eligible, it is expected to seek funds from other sources. Does your child have DDSO eligibility and have you sought other funding sources for this program? *(add page if needed)*

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

Please send completed form and tax information to AutismUp, attention Program Office.

website: www.autismup.org • email: contact@autismup.org • phone: (585) 248-9011
855 Publishers Parkway, Webster, NY 14580 • fax: (585) 248-9159