



MY BROTHER ROCKS THE SPECTRUM NONPROFIT FOUNDATION

Scholarship Application



WRTS Gym Location:

Parent/Guardian:

Daytime Phone:

Parent/Guardian:

Daytime Phone:

Eligibility

Please understand that in order to be eligible for the Scholarship and Social Skills Classes, the camper must have an ASD diagnosis and in need of financial help.

Does your child have an IEP **YES NO**

If yes, please describe the child's behaviors and daily routines.

If you would like to explain in more detail, please attach an additional page.

Do the children below live with both parents/guardians listed above? **YES NO N/A**

If no, please describe the custody arrangement and who will be responsible for paying for camp and social skills classes?

of adults in household: _____ # of children under 18 in household: _____

Total Family Income (please circle one)

- \$0 - \$18,000
- \$18,001 — \$24,000
- \$24,001 — 28,000
- \$28,001 — \$41,500
- Over \$41,500

Scholarship Request

Child #1 Name & D.O.B: _____

Child #2 Name & D.O.B: _____

Child #3 Name & D.O.B: _____

Child #4 Name & D.O.B: _____

If you would like to explain in more detail why you are asking for a scholarship, please attach an additional page.

Child's address: _____

I attest that all information submitted above is true and accurate. I understand that this application does not guarantee my family a scholarship and that scholarship support is only available to families who are financially eligible.

Parent/Guardian Signature

Date

Date Rec'd

Amount awarded \$

Staff Initials