

## 2021 Stipend Request Form

Type of Stipend you are applying for:  Recreational  Educational  Technology

Have you received a stipend from us before? Yes / No	If yes, when was the last stipend received? _____	Date Received in Office _____
--	---	----------------------------------

**Please indicate your volunteer hours at fundraisers/events, activities, at office in last 12 months:**

Total Volunteer Hours: \_\_\_\_\_ State # of hours per event: \_\_\_\_\_

Walk For Hope \_\_\_\_\_ Fall Membership Meeting/Picnic \_\_\_\_\_ Trivia Night \_\_\_\_\_ Holiday Party \_\_\_\_\_  
 Seminar \_\_\_\_\_ At Office \_\_\_\_\_ Other \_\_\_\_\_ (description of other \_\_\_\_\_)

**Note: You MUST be an active member to qualify for a stipend. Hours will be verified.**

Member (Parent/Caregiver Name): \_\_\_\_\_

SS# or EIN/Tax ID# of person/entity requesting funds: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Phone Number(s): (home) \_\_\_\_\_ (cell) \_\_\_\_\_ (wk/other) \_\_\_\_\_

Email address: \_\_\_\_\_

**Please indicate your relationship to the individual with disability:**

**Circle one:** Self Parent Caregiver Other (please specify) \_\_\_\_\_

Name of person w/Autism Spectrum Disorder: \_\_\_\_\_

Diagnosed By (school professional, doctor, etc): \_\_\_\_\_

Contact Information of Professional: \_\_\_\_\_

**Recreation/Education Activity Attending:** \_\_\_\_\_

Date(s) of Activity: \_\_\_\_\_ Location: \_\_\_\_\_

Registration Fee: \_\_\_\_\_ Stipend Amount Requested: \_\_\_\_\_

Recreation Item(s) & Price(s): \_\_\_\_\_

Where can item(s) be purchased?: \_\_\_\_\_

OR

**Therapeutic Equipment/Assistive Technology Device:** \_\_\_\_\_

Professional Recommending Equipment/Device: \_\_\_\_\_ Date Purchased: \_\_\_\_\_

*Note: An application may or may not be funded dependent on the number of applications received and the amount of funding available for the type of stipend program.*

Please read and sign stipend guidelines PRIOR to submittal and make sure ALL documentation is attached.

**For Office Use Only:**

Amount of request: \_\_\_\_\_ Amount Approved: \_\_\_\_\_

Approved By: \_\_\_\_\_

Check Number: \_\_\_\_\_ Date Approved: \_\_\_\_\_

Notified: Parent (date) \_\_\_\_\_ by mail/email/phone & Provider (date) \_\_\_\_\_ by mail/email/phone