



Autism Society Acadiana

2023 Stipend Application

337-235-4425 | programs@acadianautism.org
www.acadianautism.com

Thank you for your interest in applying for a stipend from Autism Society Acadiana, a nonprofit 501(c)3 foundation. Our mission is to create connections, empowering everyone in the Autism community with the resources needed to live fully.

A Stipend Committee consisting of members from the Board of Directors will review all applications in accordance with our stipend guidelines and policies.

- **When should I apply?** - Applications are reviewed and stipends are awarded three times a year. Applications will be accepted year-round; however, they will be reviewed during the months of **January, May, and September**. You will receive notification of the committee's decision the following month that applications are reviewed. Notification will be sent via email.
- **Who is eligible for funding?** - Must be a current Autism Society Acadiana member, applicant must provide proof of ASD Diagnosis, and applicant must present evidence of being an "Active Member." An active member status includes attending at minimum 6 sponsored activities in the past 12 months hosted by Autism Society Acadiana- Included are: sponsored events, fundraisers, support groups, and workshops. It is the members responsibility to utilize the sign-in sheet at each hosted activity to prove attendance. *Either the applicant, parent/legal guardian or a combination of both must have attended the listed minimum 6 activities. Additional methods of participation may be submitted with eligibility determined by the appointed committee. Individuals under 18 years old must have a parent/legal guardian complete the application on their behalf.*
- **What type of services does the stipend fund?** - Social skills groups, non-traditional therapies, camps, leisure activities, family education training including conferences, assistive or security devices, communication devices, assistive technology, college/trade school and continuing education programs, and/or training for Autistic persons.
- **Autism Society Acadiana does not provide funds for the following:** - Other 501(c)3 groups, fundraisers, swing sets, trampolines, clothing, household bills/utilities, day care, groceries, vacations, or medical diagnosis and medical based therapies traditionally covered under insurance.

Scholarships that are awarded will be paid to the provider directly. Maximum amount that can be requested is \$200. There is no guarantee the applicant will receive the full amount requested in the application.

If applying for a stipend to cover the cost of a camp or activity, please make arrangements for your down payment with the provider. Do not wait on a stipend payment to reserve your spot for a camp or activity.

Autism Society Acadiana will only pay a stipend to one provider, not multiple providers. If requesting funds for multiple items the review committee will only award one stipend per applicant.

For privacy reasons, please MAIL your completed application and all supporting materials to:

Autism Society Acadiana

**Attn: Stipend / Grant Committee 3108 W.
Pinhook Rd.
Lafayette, Louisiana 70508**



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Applicant Information (person benefiting from stipend)	
Name (First, MI, Last)	
Date of Birth	
Street Address	
City, State, Zip Code	
Phone Number	
Email Address	
Diagnostic/Identification Information	Diagnosis/Identification: Date of Diagnosis: <input type="checkbox"/> Copy of Diagnostic Report (one page is ok,) Included with the application, or <input type="checkbox"/> Copy of Individualized Education Plan
Parent or Legal Guardian (if applicable)	
Parent or Legal Guardian	
Name (First, MI, Last)	
Street Address	
City, State, Zip Code	
Phone Number Email Address	



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What is this Funding Request for?	<input type="checkbox"/> Education/Job Readiness: College/trade school, Continuing Education Programs, Specialized Training for persons on the spectrum. <input type="checkbox"/> Equipment: Security Devices, Assistive Technology Equipment, Speech Devices, Hearing Aids, etc. <input type="checkbox"/> Activities/Services: Summer Camp, Leisure Activities, etc. <input type="checkbox"/> Other:
If services are requested, the service provider has been informed of this grant application.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the Applicant currently <u>receive/participate</u> in the requested services, or have access to the request equipment?	<input type="checkbox"/> Yes. If yes, why are grant funds being requested? <input type="checkbox"/> No
Does the Applicant currently receive funding for the requested services or equipment from <u>another source</u> ?	<input type="checkbox"/> Yes. If yes, explain past and present support (include amount of financial support and when support will expire; along with the name of the organization that provided assistance): <input type="checkbox"/> No
Does the Applicant have insurance to cover the requested services/equipment?	<input type="checkbox"/> Yes <input type="checkbox"/> No



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Has the Applicant applied for funding from ASA in the past?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the Applicant received funding from ASA in the past?	<input type="checkbox"/> Yes If yes, when?

Funding Request Information continued. PLEASE PRINT

Please provide information about the items/program that are requested. Provide information about exactly what is being requested, the dollar amount that is requested, the applicable dates of items/program needed, and the service provider/retailer.

(Please provide this information in the space below or on a separate piece of paper submitted with the application in **200 words or less**). PLEASE PRINT

A formal quote of service is included on provider's letterhead; detailing costs and availability of services (if services are requested).

A formal cost quote is included on retailer's letterhead; detailing costs and availability of equipment (if equipment is requested).



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Please provide DETAILED information about why the stipend is needed (Please provide this information in the space below or on a separate piece of paper submitted with the application in **200 words or less**). PLEASE PRINT



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Please provide a list of the required minimum 6 sponsored activities and the corresponding dates in the past 12 months hosted by Autism Society Acadiana that the applicant, parent/legal guardian or a combination of both have attended - Included are: sponsored events, fundraisers, support groups, and workshops.

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

Please tell us about yourself or the applicant you are applying for. Tell us how the services or equipment will help to improve your daily life, how the services or equipment will help the long-term outlook, and how the services or equipment will affect the family's quality of life.

If applying for Therapy: Provide information about the personality traits, prognosis in therapy, treatment history and treatment goals of the applicant. Please tell us why this is important to everyone involved. (Please provide this information in the space below or on a separate piece of paper submitted with the application in 100 words or less.) PLEASE PRINT



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Privacy and Terms of Use

The Stipend Committee will review all applications. Any and all information that is received by the committee will be held in confidence and kept in secure records. This information will only be used in the reviewing process. Board members are not at liberty to discuss applications with anyone outside the board and are not allowed to discuss stipends and amounts that have been granted. The Stipend Committee reserves the right to call the applicant to ask additional questions as well as to contact the service provider to request invoice of services to pay service provider. Stipend applicants may be asked to provide outcomes of experience for marketing and promotional purposes for fundraising efforts.

The above information is true, correct and complete to the best of my knowledge and belief. I have read all rules, regulations and requirements and understand that completing this application does not guarantee that I will receive a Stipend.

Applicant/Parent/ Legal Guardian

Date