



Behavioral Interventions

Andersen Scholarship Program Application

Applicant Name (Last, First)

Home Address (Street, City, State, Zip)

Home Phone

Cell/ Other Phone

Email Address

Child(ren) Information

Please list all children who you would like to receive funding.

Child: _____ Age: _____ Diagnosis: _____

Child: _____ Age: _____ Diagnosis: _____

Child: _____ Age: _____ Diagnosis: _____

Child: _____ Age: _____ Diagnosis: _____

Please list all children in your home who DO NOT require funding.

Child: _____ Age: _____ Diagnosis: _____

Child: _____ Age: _____ Diagnosis: _____

Child: _____ Age: _____ Diagnosis: _____

Child: _____ Age: _____ Diagnosis: _____

Funding Sources

Please list any funding you have received in the past 12 months or expect to receive in the next 12 months, including insurance, TRE, and Medicaid. Include CNA hours.

Funding Source	Amount in the past 12 months	Amount expected in next 12 months	Child(ren) receiving funding

Current Services

School District _____

Do you expect to receive ESY services for the coming summer? Yes No

Is this child involved in social skills training through the school? Yes No

Describe: _____

What services are currently being provided outside of school? Please include respite care.

Service	Provider	Hours per week	Child

PlayDate Funding

Have you ever received assistance from this scholarship fund? Yes No If so, please list below.

Month/Year	Amount	Service	Child

Types of services requested (Please check all that you would like.)

- ABA Therapy Parent Training/Workshops
- Respite Other _____
- Educational Placement

Reason for choosing these services _____

Amount you are able to contribute monthly _____

Please put your initials next to each of the following indicating your understanding:

- ___ I understand that I will not receive funds directly.
- ___ I understand that my child/children must maintain consistent attendance.
- ___ I understand that every family must pay a monthly co-pay.
- ___ I understand that I must apply for outside funding each calendar year.
- ___ I understand that all of the above are conditions for retaining this scholarship.
- ___ I understand that there is no guarantee of renewal of scholarship(s).

Parent/Guardian Signature

Date