



## Andersen Scholarship Fund Information

### Application Process

Families must complete and submit application by deadline. The scholarship committee will review applications three times per year, if funds are available. Applications submitted after the deadline will be held for next funding cycle.

Application deadlines:

March 31<sup>st</sup> (Funding begins May 1)

July 31<sup>st</sup> (Funding begins September 1)

Nov 30<sup>th</sup> (Funding begins January 1)

Individuals will be chosen based on financial need:

Tier 1

- Families with no insurance coverage or funding in the past 12 months for behavioral services

Tier 2

- Families with only intermittent or short-term funding of less than \$10,000 in the past 12 months
  - Family Support Program (TRE)

Tier 3

- Families with insurance coverage or other funding sources who need services beyond their limits  
*Co-pay assistance is provided under the Pro Bono program.*

### Acceptance of Scholarships

Upon receiving scholarship money, families agree to the stipulations detailed in the acceptance letter including:

- consistent attendance
- monthly co-pays must be made consistently
- outside funding is sought at least once per calendar year

Scholarships may be revoked at any time if stipulations are not met.

### Re-application Process

Families do not need to complete a new scholarship application unless there is a break in services. All clients receiving a scholarship at the time of the committee's review will automatically be considered for continued funding unless otherwise requested by the family, services are deemed unnecessary or inappropriate by the therapy team, the client obtains outside funding, or there is a balance on the account and financial arrangements have not been made.



*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 weekly \_\_\_\_\_

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