

Shenandoah Valley Partnership

“Where Parents and Professionals Come Together”

Greetings!

Shenandoah Valley Autism Partnership proudly announces the establishment of our autism spectrum disorder scholarship program! Please share the attached application with anyone who may be interested. Information about the scholarship program and the application will be posted on our website, www.valleyautism.org. Possibilities for scholarships include, but are not limited to, the following:

- **swimming lessons**
- **music lessons**
- **respite care**
- **sensory equipment**
- **conferences (for parents, professionals and/or individuals on the spectrum)**
- **assistive technology**
- **occupational, physical, or speech therapy**
- **behavioral therapy consultations**
- **mentors or tutors**
- **social skills training**

Scholarship requests are limited to a maximum of \$500 per year. This allows us to help as many individuals as possible. As each scholarship is granted based on the need, occasionally requests for more than \$500 will be considered. Preference will be given to those who have not previously been given a scholarship.

To apply, complete the attached application (downloadable at www.valleyautism.org) and mail to SVAP, 4181 Brown Roan Lane, Harrisonburg, VA, 22801. Professionals or guardians may assist older children or adults on the autism spectrum with the application process.

The scholarship committee will review the completed applications. The committee may try to find alternate ways to help the individuals who apply. For example, if the scholarship request is for swimming lessons, the committee may be able to find a facility that would offer this service at no charge. If a scholarship is approved, in most cases the service provider will be paid directly.

SVAP’s mission is to improve the lives of all who are affected by autism through community awareness, effective training and support across the life-span. We look forward to making a difference in the Shenandoah Valley! If you have questions, contact us. If you want to get involved, please join us.

Shenandoah Valley Autism Partnership
(540) 421-9015
www.valleyautism.com
svap@valleyautism.org

Shenandoah Valley Autism Partnership

2011 Scholarship Application

Are you a current member of SVAP? Yes _____ No _____
Funding of scholarships is for SVAP members only. Membership is complimentary when completing this form or you may choose to pay the \$15.00 dues. In order to be considered for a scholarship, please complete the attached membership section.

Have you previously received a SVAP scholarship? Yes _____ No _____
If yes, please give us the following information:

Date: _____ Name: _____

Amount: _____ Service: _____

FUNDING REQUEST FOR:

Name: _____ Date of Birth (if applicable): _____

Telephone: _____ E-mail: _____

Diagnosis (if applicable): _____

PARENT/GUARDIAN INFORMATION

Mother's Name: _____

Telephone: _____ Email: _____

Street/City/Zip: _____

Are there restrictions on the ways in which we may contact you? _____

Father's Name: _____

Telephone: _____ Email: _____

Street/City/Zip: _____

Are there restrictions on the ways in which we may contact you? _____

Description of services or funding needed (If applicable, please include service provider, amount of funding needed, timeline, and reason for need). In most cases, the service provider will be paid directly:

Describe Other Current and Past Treatments/Services

Name of other agencies or services also contacted for funding. Please indicate which have been contacted and total amount requested or received (if any):

Applicant Signature: _____ **Date:** _____

Or, if applicable

Parent/Guardian Signature: _____ **Date:** _____

Please e-mail this application to svap@valleyautism.org or mail to SVAP, 4181 Roan Lane, Harrisonburg, Virginia, 22801

**Shenandoah Valley Autism Partnership
Membership Form**

Name: _____

Telephone: _____ **E-mail Address:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Shenandoah Valley Autism Partnership will pay for 1 year membership or you may submit \$15.00 dues with this application.