



# **Metro Friendship Foundation**

**Providing Scholarships for Children with Autism**

Metro Friendship Foundation (MFF) provides scholarships for individuals with Autism to access appropriate interventions and services. Individuals interested in applying for a scholarship must complete and submit the following scholarship application form. Attach a copy of your most recent tax return(s) showing total household income (form 1040A or equivalent).

Scholarships are available through MFF for those who are unable to pay for social skills/recreational services. The application process does not guarantee that a scholarship or services will be provided. Scholarships will be awarded based on the availability of funds, the eligibility of the applicant, and the recommendation of the MFF Scholarship Committee.

The application form should be completed by the parent/guardian of the applicant. The application is presented to the MFF Scholarship Committee. Confidential information will only be shared with the Scholarship Committee and the MFF Board as needed.

Would you (parent/guardian) be willing to participate in fundraising activities for Metro Friendship Foundation? (This answer does not affect award determination.)

Yes \_\_\_\_\_ No \_\_\_\_\_

I authorize Metro Friendship Foundation to discuss and release information regarding the application, award determination, and/or feedback about the applicant's attendance and cooperation to the service provider.

I certify that the information I have provided on this application is complete, accurate, and true to the best of my knowledge.

\_\_\_\_\_  
Applicant's name (please print)

\_\_\_\_\_  
Parent or Guardian signature

Please send the completed form to:

Metro Friendship Foundation  
14111 Gardenvue Court  
Apple Valley, MN 55124



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## **Metro Friendship Foundation Scholarship Application**

Amount Requested

Where will services take place?

\$	Name/Address/Phone:
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How will the funds be used? *(Description of program/service provided)*

Dates of service:
Program name:

Have you received funds from Metro Friendship Foundation before? *If yes, please explain.*

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Is the applicant participating in any other therapy? *(Please list below)*

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Does the applicant have any other supports in place? *(PCA, school supports, grants, county support, etc.)*

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Have you applied for county assistance? *If yes, what level of assistance are you receiving?*

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## **Metro Friendship Foundation Scholarship Application**

### Applicant Information

Applicant Name:	DOB:	Age:		
Address:	City:	State:	Zip:	

### Diagnosis

Primary:
Secondary:

### Parent/Guardian Information

Parent/Guardian Name:	Address:
Phone Number:	Email Address:

Briefly describe how the scholarship you wish to receive will benefit your dependent. *(Please write no more than one paragraph on the reverse side of this page.)*

Briefly describe why you need this financial help to attend. *(Please write no more than one paragraph on the reverse side of this page.)*

Include one recommendation from applicant's school teacher, administrator, physician, or social worker *(please attach)*.