



Metro Friendship Foundation

Providing Scholarships for Children with Autism

Metro Friendship Foundation (MFF) provides scholarships for individuals with Asperger Syndrome and High Functioning 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.

Are you a resident of the 7 county metro area? (Anoka, Carver, Dakota, Hennepin, Ramsey, Scott or Washington County)

Yes _____ please circle the county name above and proceed with the application

No _____ you will not be eligible to receive funds at this time

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/from 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 application form with attachments to:
Metro Friendship Foundation
14111 Garden View Ct.
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?

<input type="checkbox"/> School IEP	<input type="checkbox"/> SSI \$ _____/mo.
<input type="checkbox"/> School 504 Plan	<input type="checkbox"/> Child Support \$ _____/mo.
<input type="checkbox"/> Other:	

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

<input type="checkbox"/> PCA	<input type="checkbox"/> Family Support Grant \$ _____	<input type="checkbox"/> Consumer Support Grant \$ _____/mo.
<input type="checkbox"/> CADI Waiver \$ _____/mo.	<input type="checkbox"/> TBI Waiver \$ _____/mo.	<input type="checkbox"/> MR/RC Waiver \$ _____/mo.



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Metro Friendship Foundation Scholarship Application

Applicant Information

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

Diagnosis:

Primary:
Secondary:

IQ Range:

<input type="checkbox"/> Below 70	<input type="checkbox"/> 80 – 90	<input type="checkbox"/> 110 – 120	<input type="checkbox"/> 140+
<input type="checkbox"/> 70 – 80	<input type="checkbox"/> 90 – 110	<input type="checkbox"/> 120 - 140	

Parent/Guardian Information

Parent Name:	Address:
Phone number:	E-mail 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)*.