



Alabama Autism Assistance Program/The HANDS Program
SCHOLARSHIP APPLICATION

CHILD'S INFORMATION:

Child's Full Name: _____
Date of Birth (mm/dd/yy): _____ Age: _____ MALE FEMALE
Diagnosis: _____

MOTHER'S INFORMATION:

Mother's Full Name: _____ Single Married Divorced
Address: _____
City: _____ State: _____ Zip: _____
Home Phone:(____) _____ Cell Phone:(____) _____
Email: _____
Employer: _____ Employer Phone (____) _____
Employer's Address: _____

FATHER'S INFORMATION:

Father's Full Name: _____ Single Married Divorced
Address: _____
City: _____ State: _____ Zip: _____
Home Phone:(____) _____ Cell Phone:(____) _____
Email: _____
Employer: _____ Employer Phone (____) _____
Employer's Address: _____

PLEASE LIST AGES OF OTHER DEPENDENT CHILDREN:

HAVE YOU PREVIOUSLY RECEIVED FUNDING FROM AAAP/HANDS? NO YES (DATE: _____)

PLEASE LIST ANY OTHER AGENCIES OR SERVICES (IF ANY) THAT HAVE GRANTED FUNDING FOR CHILD'S SERVICES. PLEASE WRITE N/A IN AREA BELOW IF NONE.

PLEASE ATTACH A PERSONAL STATEMENT EXPLAINING WHY YOUR CHILD NEEDS FINANCIAL ASSISTANCE. PLEASE INCLUDE A PHOTO, FINANCIAL STATUS, MEDICAL ISSUES (IF ANY), FAMILY SITUATION, ETC.

I, _____, do not hold The Alabama Autism Assistanse Program responsible for the outcome of the therapy the scholarship (if any) provided for my child.

The above information is freely given to expedite this scholarship request.

This application can not be considered until this form is completed legibly, signed and all supporting documents (personal statement, photo) are received. The information included in the application is confidential and for AAAP/HANDS uses only. Please keep a copy for your records.

PARENT/GUARDIAN SIGNATURE: _____

PRINTED NAME OF PARENT/GUARDIAN: _____

DATE OF APPLICATION: _____

PLEASE RETURN COMPLETED APPLICATION, PHOTO AND PERSONAL STATEMENT TO:

MAIL:
The HANDS Program
300 Shadow Wood Lane, Suite 100
Hoover, AL 35244

FAX:
205-733-0977

EMAIL:
cking@thehandsprogram.org