



Alabama Autism Assistance Program
The HANDS Program

Scholarship Application

Child:

Name: _____

Age: _____ DOB: _____

Diagnosis: _____

MOTHER:

Mother's name: _____

Marital status: _____ Telephone: _____

Email: _____

Address/City/Zip: _____

Employer: _____ Telephone: _____

Employer Address: _____

Father:

Father's name: _____

Marital status: _____ Telephone: _____

Email: _____

Address/City/Zip: _____

Employer: _____ Telephone: _____

Employer Address: _____

Ages of other dependent children: _____

Other agencies or services (if any) that have granted funded for child's services: _____

Have you previously received funding from AAAP/HANDS? _____

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 Assistance Program responsible for the outcome of the therapy the scholarship (if received) provided for my child.

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

Parent/Guardian Signature: _____ Date: _____

**Mail completed application, photo and personal statement to:
AAAP/HANDS
300 Shadow Wood Park Suite 100
Birmingham, AL 35244**

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