



Autism Family Education Fund Request Form

The Autism Family Education Fund is a program that awards small grants to help families, raising a child with Autism, attend advocacy, learning event, and conferences.

Information for Donors

- Donations can be made to sponsor specific individuals, families, and/or professionals to attend a conference
- Groups or businesses that hold fundraisers to sponsor families can qualify for up to two tickets to a conference
- The Autism Family Education Fund is a 501(c)(3) an exempt organization. EIN # 82-3274753.

Information for Applicants

- It is preferred that families are endorsed by a recognized autism organization or an Autism Family Education Board Member to verify need. Families can also apply directly by submitting information to qualify need.
- Sponsorship is not 100%. Sponsored families will be required to pay a nominal portion of registration fees based on cost of the conference.
- Deadline is a minimum of thirty (30) days before any conference (exceptions may be considered for 2018 conferences)
- Sponsorships will primarily assist with registration fees and cannot exceed a total of \$500. Depending on the amount of funds available, sponsorships may include some travel expenses (gas, hotels). Funds will be paid directly to the conference or hotel.
- Families are not eligible to receive assistance two years in a row.

General Information

Date Submitted: _____

Name: _____

Address: _____

City, State, Zip Code _____

County: _____ Phone # : _____

Email Address: _____ Please notify me by email: Yes No

Place of employment: _____

Address: _____

City, State, Zip Code: _____

Phone # : _____

Conference Information

Name of conference or event you wish to attend _____

Please enclose copy of brochure and any other related documents

Date of Conference: _____

Location: _____

Conference website (if applicable): _____

Have you attended this conference or event before? Yes No

Have you used Autism Family Education Funds before? Yes No

If yes, when? _____

Conference Expenses

Registration Fees \$ _____

Hotel \$ _____

Transportation \$ _____

Family Need

For registration fees only, please fill out one (1), two (2) or three (3,) whichever applies.

If requesting more than registration fees, please complete three (3).

1) Name of Recognized Autism Organization Verifying Need

Organization website _____

Verifying Contact at Autism Organization _____

Name: _____

Phone#: _____

Email: _____

Or

2) Name of Endorsing Autism Family Education Board Member:

Phone#: _____

Email: _____

3) Financial Information

1. What is your monthly income after taxes \$ _____? (***NOTE: Supporting documents must be attached – i.e. tax return, pay stubs**)
2. How many dependents under the age of 18 live in your household? _____
3. Has there been a major change in your financial status within the last year? If so, please explain:

Commitment to Receiving Education Funds

Essay

Please submit a few paragraphs stating why this educational opportunity is important to your family. May Submit essay on a separate sheet.

Note: Incomplete applications will not be accepted. May continue answers on additional pages if needed.

All awards are based on the availability of funds.

Please Mail or email the application form to:

Autism Family Education Fund
Attn: Fund Request Form
P.O. Box 1142
Travelers Rest, SC 29690-1142
apply@autismfef.org

Print Name _____

Signature _____

Date _____

Approval of funding for any event is not an endorsement of the event or of organizations involved in the event

.Form Created: 1/2018 Revised: 8/2018