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# **“i-Care” Scholarship Application Form**

**Please review the following information before filling out the application.**

Applications will be reviewed in the order in which they are received.

## **What are the eligibility requirements?**

1. Individual you are applying for must have an ASD Diagnosis.
2. Applicant must reside in Pike County, PA.
3. Parent should have basic computing skills
4. Parent must have access to a computer, the Internet, and an email account.

## **What are the Restrictions and Stipulations?**

1. One Scholarship per family, per Calendar year.
2. There are no age restrictions.
3. There are no income restrictions.
4. Parent/Guardian must provide transportation if needed to participate.
5. Parent must provide documentation confirming the applicant's diagnosis.
6. Parent must provide a goal statement indicating how the applicant will benefit from the requested scholarship.

## **How do you apply for the Scholarship?**

1. Provide recommendation Letter from a Teacher, Therapist, SLP or Doctor or
2. Provide recommendation from PASS Board member and
3. If you meet the eligibility requirements, complete the iCare Application Form.

## **How long until I know if my application has been approved?**

1. You will be informed when your completed application has been received by our Board of Directors.
2. Review of the application will typically be done within 30 days of receipt.
3. Award and distribution of Scholarships is at the sole discretion of Pike Autism Support Services and is based upon the availability of adequate funding.



# Pike Autism Support Services

Support & Advocacy for North East Pennsylvania

[www.pikeautism.org](http://www.pikeautism.org)



## i-Care Scholarship Application

Applicant Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

School: \_\_\_\_\_ Grade \_\_\_\_\_ Class: \_\_\_\_\_

Person recommending Scholarship: \_\_\_\_\_

I am requesting the following Scholarship;

DV-ACE  Camp  Adaptive EQ  G.A.I.T.  Other \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Street/City/Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Street/City/Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Overview of Applicant's disability & challenges: \_\_\_\_\_

### Referral Information:

How did you become aware of the PASS iCare Scholarship Program?

\_\_\_\_\_

*The above information is freely given to process this application request. By signing, I attest that all information included is true and accurate and agree with the stated restrictions and stipulations of this application.*

**PARENT/GUARDIAN SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

*The information included in this application is confidential and for the sole use of Pike Autism Support Services. Please keep a copy for your records.*

Email any questions to [info@passnepa.org](mailto:info@passnepa.org) or call 570-832-4000

Date Approved	Approved By	Activity	Amount	Vendor	Note

**Milford Community House, 201 Broad Street Suite #4, Milford Pennsylvania 18337**

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Please provide a "Goal Statement" indicating how the applicant will benefit from the Scholarship:

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Please mail the completed application, any documentation, and Recommendation letters to:

**Pike Autism Support Services**  
 Milford Community House  
 201 Broad Street Suite #4, Milford Pennsylvania 18337  
**Attention: i-Care Application**

Or email to: [info@passnepa.org](mailto:info@passnepa.org)

*The above information is freely given to process this application request. By signing, I attest that all information included is true and accurate and give Pike Autism Support Services permission to contact my child's medical professional listed to verify and discuss diagnosis and speech abilities. I understand that falsifying information will immediately disqualify this application. I understand that the iPad is to be used primarily as a communication device for the applicant*

**PARENT/GUARDIAN SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

*This application cannot be considered until this form is completed, signed and all supporting documentation is received. The information included in this application is confidential and for the sole use of Pike Autism Support Services. Please keep a copy for your records.*

Email any questions to [info@passnepa.org](mailto:info@passnepa.org)

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