



Autastic Summer Camp Financial Assistance Application

Applicant Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

Financial Assistance Details

In an effort to make the Autastic Summer Camp accessible to all, we are pleased to offer a limited number of financial waivers for families in need. Please complete the following section to help us understand your financial situation and the reason for requesting assistance.

Reason for Requesting Assistance:

1. Please provide a detailed explanation of your financial situation and why you are seeking a waiver for the Autastic Summer Camp fees. Attach additional pages if necessary.

Number of Dependents:

2. _____

Annual Household Income:

3. _____

4. **Have you received a waiver from us in the past? (Yes/No)**

5. If yes, please specify the year(s): _____

Additional Supporting Information:

6. Feel free to provide any additional information or documents that you believe would support your application for financial assistance. This could include details of extenuating circumstances, medical bills, unemployment, etc.

Declaration

I/We, the undersigned, certify that the information provided in this application is true and accurate to the best of my/our knowledge. I/We understand that any financial assistance granted is based on the information provided in this application. I/We agree to notify the Autastic Summer Camp if there are any changes to my/our financial situation.

Applicant's Signature: _____ Date: _____

For Office Use Only

Reviewed by: _____ Date: _____

Decision: _____

Comments:
