



Autastic Basketball Program Financial Assistance Application Form

Applicant Information:

- Full Name: _____
- Date of Birth: _____
- Gender: _____
- Address: _____
- Phone Number: _____
- Do you have a disability, Yes or No, if yes what is it, and can you show proof of your diagnosis if needed? _____

Parent/Guardian Information: (if under 18 or legal incompetent)

- Full Name: _____
- Relationship to Applicant: _____
- Phone Number: _____
- Email Address: _____

Household Information:

- Total Number of Household Members: _____
- Number of Dependents: _____
- Annual Household Income: _____

Employment Information:

Parent/Guardian 1 Employment Status:

Employer Name: _____

Job Title: _____

Monthly Income: _____

Parent/Guardian 2 Employment Status (if applicable):

Employer Name: _____

Job Title: _____

Monthly Income: _____

Financial Need Statement:

Please provide a brief statement explaining your current financial situation and why you are requesting financial assistance for the Autastic Basketball Program. Include any special circumstances that may affect your financial need. (300 words max)

Supporting Documents:

Please attach the following documents to support your application:

Proof of Income (e.g., recent pay stubs, tax returns, or a letter from employer)

Additional Information:

Is there any other information you would like to share that may help us better understand your financial situation and need for assistance? _____

Certification and Signature: I certify that all the information provided in this application is true and complete to the best of my knowledge. I understand that providing false information may result in the denial of financial assistance.

Applicant Signature: _____

- **Date:** _____
- **Parent/Guardian Signature (if applicant is under 18):** _____
- **Date:** _____

Submission Instructions:

Please submit your completed application form and all supporting documents to:

An Autastic Dream, Inc.

3726 North Main Street

Farmville, NC 27828

info@anautasticdream.com

For any questions or assistance with the application process, please contact Ashanti Williams at (252) 364-9199

Thank you for applying to the Autastic Basketball Program. We are committed to making our program accessible to all participants and appreciate your honesty and openness in your application.