



SCHOLARSHIP REQUEST "2017"

First Name: _____

Last Name: _____

Phone Contact: _____

Email Address: _____

Address: _____

City/State/Zip: _____

Client of Kern Regional Center: yes no SC Name: _____

Diagnosis of Autism: yes no

Age of Recipient: _____ Proof of diagnosis must be attached to this form.

Parent Name: _____

CIRCLE ONE: Swimming Art Lessons M.A.R.E. Horse Camp

Choice of Camp: _____

Date of Camp: _____

To be completed by Autism Society-Kern: _____ Documents: _____

Amount of Scholarship Approved: _____ Date _____

Parent responsibility: _____

Note: Recipient will be contacted once Autism Society-Kern Autism Network receives the completed form. All scholarships are based on diagnosis of autism and financial need. All monies will be paid directly to the agency providing the service. A copy of the original event details must be attached to this form. Fax forms to: 661-489-3334 or scan the forms via email to kernautism@gmail.com. Awarded recipients will be notified by June 1st if awarded. One per household ONLY.