



Autism Empowerment
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kids care
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Autism Serves Kids Care Club Scholarship Application

Parent Name _____ Date _____

Address _____ City _____ State _____ Zip _____

Phone Number _____ Email _____

Name of Child _____ Age _____ Autism? Yes _____ No _____

Located in Clark County? Yes _____ No _____ Total number of people in family _____

Total Amount Requested: _____ \$30 Full Scholarship - \$_____ Partial Scholarship (Scholarship awards are applied directly toward Autism Serves Kids Care Club of Clark County.)

How do you think your child and family would benefit from participation in Autism Serves Kids Care Club?

Signature _____ Date _____

Office Use

Date Request was submitted _____ Date Request was reviewed _____

Request

☐ Approved Total Amount _____
☐ Declined Reason _____

Family has been contacted: Date _____

Please note that scholarships are awarded based on financial need. Due to limited funds, scholarships are only available at this time for children on the autism spectrum who live in Clark County, WA. All information will remain confidential. We make every effort to distribute available money fairly to assist as many youth as possible.

For more information, please contact us at:

360-852-8369 - kidsclub@autismempowerment.org

