Logo, company name

Description automatically generated

Individual Grant Application

Author: Ashley DeHaan, President and Co-founder, Serve the Spectrum Inc.

# [www.servethespectrum.com](http://www.servethespectrum.com)

|  |  |
| --- | --- |
|  | Serve the Spectrum Inc. |

Individual Grant Application

# Grant Application Instructions

Applicants may fill out the below form to apply for a grant for financial assistance. The grant may be used to assist individuals on the autism spectrum with the cost of therapy, treatment, camps, activities, resources/tools, etc. that may improve the life and well-being of that individual with autism. We currently serve the greater Charlotte area.

**Key Dates and Information:**

* Applications are due by **November 1**
* Questions regarding the application process can be emailed to [info@servethespectrum.com](mailto:info@servethespectrum.com)
  + Visit our website at [www.servethespectrum.com](http://www.servethespectrum.com) for more information
* Please email an electronic copy of the application addressed to Ashley DeHaan, President, Serve the Spectrum Inc., at [info@servethespectrum.com](mailto:info@servethespectrum.com)
* Serve the Spectrum Inc. may contact applicants to ask clarifying questions from application submissions
* Award notifications to be delivered via email and/or phone
* Award Criteria: Applications will be assessed for grant funding based on a combination of the individual’s needs compared to other applicants as well as available funding of the non-profit.

## Applicant Contact Info

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Full Name: |  |  | |  | | DOB: |  |
|  | Last | First | | M.I. | |  |  |
| Applicant Parent/Guardian: |  | | Relationship to Applicant: | |  | | |
| Phone: |  | | Email: | |  | | |
| Address: |  | |  | |  | | |

## Health/Insurance Information

|  |  |
| --- | --- |
| Health Insurance Carrier, Member Name, & Member ID (If applicable): |  |
| Proof of Diagnosis: | *You may be asked for proof of autism spectrum disorder (ASD) diagnosis after submission of this application.* |

## Financial Information

|  |  |
| --- | --- |
| Household Income (Monthly Gross): |  |

|  |  |
| --- | --- |
| Proof of Income: | *You may be asked to submit your latest financial information upon submission of this application such as summary of latest tax documentation or W2* |

## Summary of Needs

Please fill out the answers to the below questions to the best of your knowledge to help Serve the Spectrum Inc. evaluate your needs to qualify for this grant.

1. Please provide a brief description of the therapy, activities, and/or resources where financial assistance is being requested for the individual with autism (put requests in priority order).
2. Please provide an estimated amount of funding that is being requested for item #1 above.
3. Please provide any other details that would be helpful for us to know regarding the needs of the individual.

## Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to a grant award, I understand that the grant must be utilized for the purpose of assisting individuals on the autism spectrum with the cost of therapy, treatment, camps, activities, resources/tools, etc. that may improve the life and well-being of that individual with autism.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |