

Dear Summer Scholarship Applicant,

Through the generous support of Sarah & Adam Yale and Kate & Roger Weitz we are pleased to offer the Nebraska Scholarship Fund for families to send their children with autism to attend Ascendigo's Summer Adventures Camp in 2019.

One of the premier autism-specific sports programs in the country, Ascendigo's Summer Adventures Camp is centered around athletic growth and fostering independence. We believe sports and recreational activities can be accessible, enjoyable and achievable for any individual with autism. At Ascendigo, our highly trained staff create individualized lesson plans for your athlete, designed to create a unique experience and help each participant achieve their goals.

Scholarship applications are reviewed by an independent committee of supporters and partners associated with Ascendigo. A wide range of scholarship options will be considered including: tuition scholarships (25% - 75%) and travel stipends (up to \$1,000).

Please review the application carefully and be sure to reach out should you have any questions. We are unable to consider late or incomplete applications.

Best,

*Mathew McCabe*

Mathew McCabe

Adventures Co-Director



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## Summer Adventures Camp

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### Summer 2019 Pricing Information

| Camp Type                                   | Cost    |
|---|---------|
| Day Camp – 5 Days (Monday – Friday)         | \$1,750 |
| Residential Camp – 5 Days (Sunday – Friday) | \$2,750 |
| Residential Camp – 7 days (Sunday – Sunday) | \$3,750 |

### Summer 2019 Camp Dates

| Session | Dates          |
|---------|----------------|
| Week 1  | June 17-21     |
| Week 2  | June 24-28     |
| Week 3  | July 1-5       |
| Week 4  | July 8-12      |
| Week 5  | July 15-19     |
| Week 6  | July 22-26     |
| Week 7  | July 29- Aug 2 |
| Week 8  | Aug 5-9        |

All registrations are subject to the **2019 Ascendigo Camp Agreement**



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## SCHOLARSHIP CRITERIA

Scholarship awards for families living in the state of Nebraska are based on funds available from the generous contributions of Sarah & Adam Yale and Kate & Roger Weitz. Scholarship funds are based on a family's financial need and will be considered for one week of camp.

### Deadline

Completed applications must be received by **January 16, 2019 at 5 p.m. MST.**  
**No exceptions will be allowed.**

Scholarship recipients will be notified no later than **February 13, 2019.**

### No Insurance or Medicaid Available

Currently, Ascendigo is unable to accept private insurance or Medicaid payments for Summer Adventures Camp.

### Additional Funding Sources

Below are other sources that might be available or additional funding. Ascendigo does not guarantee the availability or quality of any of these possible sources. While we are happy to discuss this with you, it is your responsibility to investigate and apply on your own.

#### Other sources:

- National Autism Association Helping Hand <http://nationalautismsociety.org/family-support/programs/helping-hand/>
- ACT Today Grant Program <http://www.act-today.org/act-today-grant-program.php>
- United Healthcare Children's Foundation <http://www.uhccf.org/apply/>
- Danielle's Foundation <http://www.daniellesfoundation.org/>
- The Morgan Project <http://themorganproject.org/resources/>
- Local faith-based organizations or community organizations such as Elks, Rotary, etc.
- Do your own fundraiser: <https://www.gofundme.com/fundraising-ideas-for-individuals/>



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- Colorado's Community Centered Boards (CCBs) sometimes raise funds other than Medicaid dollars which may be applied to our programs. Please contact your local CCB to see if this is the case. They would need to contact us to set up a contract.

### SCHOLARSHIP APPLICATION

CONFIDENTIAL INFORMATION

MUST BE COMPLETED IN FULL

*Please print clearly and e-mail to Emily Geraci at [egeraci@ascendigo.org](mailto:egeraci@ascendigo.org) or mailed to Ascendigo Autism Services offices located at 818 Industry Place, Carbondale, CO 81623.*

Participant Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name of additional sibling attending program, if any: \_\_\_\_\_ Age: \_\_\_\_\_

Parent/ Guardian/ Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Session being applied for: (circle one)

Week 1    Week 2    Week 3    Week 4    Week 5    Week 6    Week 7    Week 8

Or: I would like to apply for a travel stipend only

Have you been granted financial aid from Ascendigo before? (check one) Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, when? \_\_\_\_\_

Adjusted gross income (AGI) for your household (please provide copies of last three years of tax returns): (check one)



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|  |  |  |
|--|--|--|
| <input type="checkbox"/> Less than \$20,000  | <input type="checkbox"/> \$20,000-\$39,999 | <input type="checkbox"/> \$40,000-\$59,999   |
| <input type="checkbox"/> \$60,000-\$79,999   | <input type="checkbox"/> \$80,000-\$99,999 | <input type="checkbox"/> \$100,000-\$119,999 |
| <input type="checkbox"/> More than \$120,000 |  |  |

Please list any additional household contributions. If the applicant is financially supported in whole or in part by a non-household adult or agency, contributions from these parties must be included. Examples include but are not limited to: welfare, child support, alimony, pensions, retirement, trusts, social security, respite, private education funding, health insurance benefits, FIA, SSI, workman's comp, unemployment benefits.

**Source:**

**Annual Amount:**

|       |          |
|-------|----------|
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |

How many family members does the above income support? \_\_\_\_\_

Please calculate amount of aid needed:

- A. Cost of program session \$ \_\_\_\_\_
- B. Amount of tuition family can pay \$ \_\_\_\_\_
- C. Total financial aid amount requested \$ \_\_\_\_\_ (Subtract line B from line A)

Please explain below why you are requesting financial aid. Be sure to include exceptional circumstances, such as unemployment, unreimbursed medical expenses, and any other factors that will help us make a fair decision.

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I certify that the above information is true and correct to the best of my knowledge. Ascendigo Autism Services may verify the information on this application by requesting official documentation.

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_