



ELEVATING THE SPECTRUM  
FOR INDIVIDUALS WITH AUTISM

## Saturday Adventures Club

### Fall 2019 Saturday Adventures Club Pricing Information

Session	Cost
<b>Session 1:</b> 9/21, 9/28, 10/5, 10/12 9:00am-3:00pm	\$495
<b>Session 2:</b> 10/19, 10/26, 11/2, 11/9 9:00am-3:00pm	\$495
<b>Sessions 1 and 2:</b> 9/21, 9/28, 10/5, 10/12, 10/19, 10/26, 11/2, 11/9 9:00am-3:00pm	\$900

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

\*\* See below, for information about scholarship and funding resources information

818 Industry Place  
Carbondale, CO 81623  
970-927-3143  
ascendigo.org



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### Scholarships Available

Ascendigo awards a *limited* amount of scholarship funds based on a family's:

- 1) financial need;
- 2) efforts to obtain other sources of funding; and
- 3) non-monetary contributions to our organization.

Scholarship awards are based on funds available from the **Bill Rieger Scholarship Fund** that are raised each year at Ascendigo Blue Aspen. Scholarship funds typically do not exceed more than \$100/day.

For an application, please contact [cmcgough@ascendigo.org](mailto:cmcgough@ascendigo.org), or call 970-927-3143.

Applications for Session 1 are due by **September 16th, 2019**.

Applications for Session 2 are due by **October 14th, 2019**.

Scholarship recipients will be notified no later than September 20th and October 18th, respectively. Please return your completed scholarship to [egeraci@ascendigo.org](mailto:egeraci@ascendigo.org), or fax to 970-315-0609.

### No Insurance or Medicaid

Ascendigo is unable to accept private insurance or Medicaid payments for Saturday Adventures Club at this time.

### Other Possible Funding Sources

The scholarship committee looks favorably on those applicants who have made efforts to obtain at least some of their funding from other sources. Below are some possible sources for you to investigate. 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 possibilities:

- National Autism Association Helping Hand <http://nationalautismsociation.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 charitable organizations such as Elks, Rotary, etc.
- Do your own fundraiser: <https://www.gofundme.com/fundraising-ideas-for-individuals/>

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.



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**SCHOLARSHIP APPLICATION  
CONFIDENTIAL INFORMATION  
MUST BE COMPLETED IN FULL**

Please print clearly and e-mail to [cmcgough@ascendigo.org](mailto:cmcgough@ascendigo.org) or drop off/mail to Ascendigo Autism Services offices located at 818 Industry Place, Carbondale.

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)

Session 1    Session 2    Sessions 1 & 2

Is the participant a returning Ascendigo camper or first-time participant? (circle one)

First Time    Returning

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)

<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		



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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 special circumstances, such as unemployment, unreimbursed medical expenses, and any other factors that will help us make a fair decision.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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: \_\_\_\_\_