



ELEVATING THE SPECTRUM
FOR INDIVIDUALS WITH AUTISM

Summer Adventures Camp Scholarship Application

Dear Ascendigo Scholarship Applicant,

Through the generous support of donors, we are pleased to offer this Scholarship Application for families to send their children to attend Ascendigo's Adventures Camps in 2020.

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 or a related challenge. 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. *Tuition scholarships do not typically exceed 50% of total cost.* Because of this, we encourage you to register your participant at Ascendigo.org and make the 50% tuition deposit to secure their spot.

Please review this 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

Director of Adventures

818 Industry Place
Carbondale, CO 81621
970-927-3143
ascendigo.org



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Summer 2020 Pricing Information

Camp Type	Cost
Day Camp – 5 Days (Monday – Friday)	\$1,850
Residential Camp – 5 Days (Sunday – Friday)	\$2,850
Residential Camp – 7 days (Sunday – Sunday)	\$3,999

Summer 2020 Camp Dates

Session	Dates
Week 1	June 14-21
Week 2	June 21-28
Week 3	June 28-July 5
Week 4	July 5-12
Week 5	July 12-19
Week 6	July 19-26
Week 7	July 26- Aug 2
Week 8	Aug 2-7
Week 9	Aug 10-14

All registrations are subject to the **2020 Ascendigo Camp Agreement**



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SCHOLARSHIP CRITERIA

Scholarship awards for families are based on funds available from generous donors. Scholarship funds are based on a family's financial need and will be considered for up to 2 weeks of camp.

Scholarship recipients are required to help thank donors.

Deadline

Completed applications must be received by **April 3, 2020 at 5 p.m. MST.**
No exceptions will be allowed.

Scholarship recipients will be notified no later than **April 17, 2020.**

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://nationalautismssociation.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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SCHOLARSHIP APPLICATION

MUST BE COMPLETED IN FULL

Please print clearly and e-mail to Emily Geraci at 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

If granted 1 week, it'll be (1) 5-day residential. If granted 2 weeks, it will be (1) 7-day residential followed by (1) 5 day residential.

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 exceptional circumstances, such as unemployment, unreimbursed medical expenses, and any other factors that will help us make a fair decision. Attach additional paper if more space is needed.

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: _____