



## Scholarship Application

If you are a parent or guardian who would like to request a scholarship for a child who is registered for our program, please complete this scholarship form. In order to be considered, a copy of last year's W-2 form must be submitted with this application. Please print clearly and return this form as soon as possible.

Name of Child: \_\_\_\_\_

Child's Age: \_\_\_\_\_

Monthly Household Income (After taxes and from all sources): \_\_\_\_\_

Family Size (please include all children and adults living in your household): \_\_\_\_\_

Name of Parent/Guardian completing this form (please print): \_\_\_\_\_

Signature of Parent/Guardian completing this form: \_\_\_\_\_

Date: \_\_\_\_\_

Please return form to the Autism Project of RI  
1516 Atwood Avenue, Johnston, RI 02919

\*\*\*\*\* A W-2 must be submitted with this form. Thank you. \*\*\*\*\*