Autism Collaborative Center
Service ■ Education ■ Research ■ Community
Eastern Michigan University

Summer Programming 2018 Grant Application

Participant _____ DOB_____ Age_____

Parent/Guardian_____

Address_____City_____ Zip_____

Telephone (Primary)_____Telephone (secondary)_____

Email_____

How will your child benefit from attending this program? _____

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Autism
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Why is a scholarship needed in order for your child to attend summer programing? List any extenuating circumstances?

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Office use only

Approved _____ Denied _____ Funding Offered $_____ Accepted Y ☐ N ☐