

**AUTISM & ASPERGERS CONSULTING, LLC ABA SCHOLARSHIP PROGRAM
2010-2011 APPLICATION (Deadline December 31st, 2010)**

Please type or print all information using blue or black ink.

CHILD'S INFORMATION

1. CHILD'S Name _____
(First Name) (MI) (Last Name)

2. Child's Date of Birth _____ Month _____ Day _____ Year

PARENT INFORMATION

3. PARENT Name Mr. Mrs. Ms. _____
(First Name) (MI) (Last Name)

4. Home Address _____
(Number & Street)

(City) (State) (Zip Code)

5. Home Telephone (_____) _____ - _____ Cell Phone (_____) _____ - _____

6. Work Telephone (_____) _____ - _____ Email _____

7. Net Income from 2009 tax return _____.

Name and address of the approved provider who will implement your child's Individualized Applied Behavioral Analysis Program. Please remit application and essay by the December 31, 2010.

Autism & Aspergers Consulting, LLC
9401 W Beloit Rd, Suite 210
Milwaukee WI, 53227
Phone number: 414-788-2614
Fax: 414-921-1861

The parent applicant _____ swears or affirms:
(Print Parent Name)

- 1) My child continues to be identified as a child with a disability, under the category of autism as specified in the DSM IV OR My child has been identified as having a "pervasive developmental disorder – not otherwise specified (PDD-NOS)" and shall be considered to be an autistic child for purposes of this program.
- 2) By applying for this scholarship I am giving Autism & Aspergers Consulting, LLC the consent to provide services for my child at their sole discretion and without guaranty. I agree that Autism & Aspergers Consulting, LLC may use my child's name and image for any marketing, services or training purposes for a period not to exceed 10 years. I further agree to hold Autism & Aspergers Consulting, LLC harmless for any wrong doing associated with this application and/or treatment.
- 3) Further I understand that receiving services is contingent upon an evaluation by Autism & Aspergers Consulting, LLC deeming Applied Behavior Analysis services appropriate and necessary for my child.
- 4) I have truthfully stated my income and understand that a copy of my tax return may be requested to verify income.

(Parent Signature)

(Date)