



P.O. Box 28981  
Macon, GA 31221-8981  
[www.centralgaautism.org](http://www.centralgaautism.org)

## Central Georgia Autism, Ltd Scholarship Application

All applications will be evaluated using the following criteria:

1. **Only complete applications will be considered for award. This applies to all submitted applications. A completed application with supporting documentation must be submitted per calendar year. CGA is a volunteer organization and resources are not available to process incomplete applications. Notification of incomplete applications will be sent via email.**
2. All applications will be assigned an application number. This will allow all applications to be viewed anonymously. A representative from CGA Board of Directors will assign the application number.
3. A maximum of five hundred dollars can be awarded per qualifying individual annually. Families are eligible to apply annually.
4. All submitted applications must be accompanied by a medical referral or prescription.
5. All submitted applications must be accompanied by a medical diagnosis.
6. Applications will be reviewed at CGA board meetings. Enrollment dates are ongoing.
7. Awards will be given for the following - *all must be documented by a medical or healthcare professional:*
  - a. Medical needs
  - b. Bio-medical needs
  - c. Alternative medical treatments
  - d. Nutritional needs
  - e. Supplements
  - f. Equipment and technology needs
  - g. Therapeutic interventions
  - h. Special needs camps
8. Award checks will be issued to providers of the service(s). The only exception to this will be needs that qualify where awardee has previously paid for out of pocket. To qualify for this reimbursement the following must be met:
  - a. The application must be accompanied by an itemized statement of cost and a valid receipt dated within six months of the application.
9. All complete applications and accompanying documentation must be submitted in care of  
Central Georgia Autism  
P. O. Box 28981  
Macon, GA 31221-8981
10. If an award is given parent(s) or guardians will be required to volunteer for at least one CGA sponsored event per awarded calendar year. Event information can be found on CGA's website. Award will not be given without parent/guardian signature on page 5 of this application. Only one family member will be required to volunteer.

Please print or type the following information.

**Child**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Mother/Guardian**

Name: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Street/City/Zip: \_\_\_\_\_

Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_

Employer Address: \_\_\_\_\_

**Father/Guardian**

Name: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Street/City/Zip: \_\_\_\_\_

Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_

Employer Address: \_\_\_\_\_

**Please print or type the following information.**

**Diagnosis of disability – *Please submit supporting diagnosis documentation:***

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**Doctor involved in child’s treatment - *Please use additional pages if necessary.***

**Name:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**Address:** \_\_\_\_\_

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**Name:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**Address:** \_\_\_\_\_

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**Name:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**Address:** \_\_\_\_\_

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**Have you ever received assistance from CGA before? If so, please note the amount, for what, and when.**

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Application Number: \_\_\_\_\_  
To be assigned by CGA

**Please print or type the following information.**

**Please provide contact information concerning where any issued scholarship money should be sent.**

**Company Name:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

**Address 1:** \_\_\_\_\_

**Address 2:** \_\_\_\_\_

**City:** \_\_\_\_\_

**State:** \_\_\_\_\_

**Zip:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**By accepting any award that may be granted, I do hereby agree to volunteer for at least one CGA sponsored event per awarded calendar year.**

**Mother/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Father/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_