



Individual Enrichment Grant

The Autism Society of Nebraska is pleased to provide grant opportunities to help enrich the lives of individuals with Autism Spectrum Disorders.

The Individual Enrichment Grant is administered by the Autism Society of Nebraska. Eligible applicants must have a medical diagnosis or school verification of an autism spectrum disorder and live in the state of Nebraska. Applicants must also be a member of the Nebraska Chapter of the Autism Society. Grants in the amount of \$150 are available. Applicants are eligible once per calendar year. If there are multiple individuals in a family with an ASD, an application for each member will be accepted.

Individual Enrichment Grant funding is designed to help supplement therapies, equipment, items, lessons or activities to enrich the life of a person with Autism. Individual Enrichment Grant may NOT be used for conference registrations. Please submit the Autism Society Conference Grant application to help with conference fees.

Grant awards are at the discretion of the Individual Enrichment Grant Committee and the Board of Directors of the Autism Society of Nebraska. Awards are based on eligibility, position, merit, and number of applications received. Any deviation of criterion or process is at the discretion of Autism Society of Nebraska Board of Directors and will require a majority vote. Completion and submission of the grant application to meet the regular requirements is entirely the responsibility of the applicant.

Please complete the attached forms to apply for the Individual Enrichment Grant.

If you are not a member, and would like to join in order to apply please visit our website at autismnebraska.org/membership for membership information.

Any questions should be directed to the Autism Society of Nebraska at 1-800-580-9279 or autismsociety@autismnebraska.org

Thank you for your interest and support!

Autism Society of Nebraska
1-800-580-9279 ▪ www.autismnebraska.org
autismsociety@autismnebraska.org
PO Box 83559 ▪ Lincoln, NE ▪ 68501-3559

Individual Enrichment Grant APPLICATION



Please complete the following information:

1. Completed, signed and dated **Individual Enrichment Grant** Application form.
2. NOTE: Individuals benefiting from this grant must have a medical diagnosis or school verification of autism.

Applications are due by the **first of each month**. No extensions will be granted. Applicants will be notified of the status of their request within 30 days.

Please note an erroneous, incomplete or untimely application may negate award.

Complete this application and send along with the above information to:
 Autism Society of Nebraska, Attn: Individual Enrichment Grant
 PO Box 83559
 Lincoln, NE 68501-3559

Name of Individual with ASD:	Date:	
Address:	<input type="checkbox"/> Medical Diagnosis of ASD <input type="checkbox"/> School Verification of ASD	
City:	State:	Zipcode:
Phone:	Email: (mandatory as this is how you will be notified)	
Application completed by:	Relationship to Individual with ASD or self:	



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Applicant Name:	Today's Date:
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Please provide a brief description of your need for this grant (you may attach up to one additional page).

Other relevant information:

In order to help us demonstrate the importance of this program to our donors, we ask that you please provide a photo or written thank you demonstrating how these funds helped meet the needs for you and your family. Please send the thank you to Autism Society – Enrichment Grant, PO Box 83559, Lincoln, NE 68501-3559

I've read the Guidelines for the Individual Enrichment Grant and agree to the terms.

Applicant Signature:	Date:
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Are you a current Autism Society of Nebraska member? <input type="checkbox"/> Yes <input type="checkbox"/> No	Not an Autism Society of Nebraska member? Please complete our membership application that is available online at www.autismnebraska.org/membership . You must be a registered member of our Nebraska chapter in order to receive a grant. 2014 Membership is FREE!
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