

Scholarship Application and Supporting Documents

Launch Aspergers, Inc., provides scholarship funding for various services that help young adults with High Functioning Autism or Asperger’s Syndrome. All scholarship awards are at the sole discretion of the scholarship committee after review of the scholarship application and the financial position of the organization. Our goal is to provide scholarships to as many individuals as we can support in a reasonable manner with funding available.

Our Scholarship Process

1. Identify a Class, Service Provider, or Resource and Associated Cost

The first step in the scholarship process is to identify a class, service provider, or resource that you feel will benefit you as a potential scholarship recipient. Although Launch Aspergers does not promote any particular service providers, we can provide a list that some recipients have used in the past with success. A determination of the cost and frequency of service should be made so that the application can be completed properly. Please review all aspects of the application and ensure that you understand all the requirements necessary by those receiving the scholarships.

1. Complete the Scholarship Application

The next step is to complete the scholarship application (pages 3 and 4) and submit it for review by Launch Aspergers Board of Directors either via email ( info@launchaspergers.org ) or by mail to:

Launch Aspergers, Inc.

P.O. Box 2461

Madison, AL 35758

1. Review of Scholarship Application

After submission, our scholarship committee will review your application and make a determination as to whether we can support your request. You will be notified via phone and/or email about our decision. In the event that we have additional questions about the application, we will contact you.

1. Requirements For Maintaining the Scholarship Award

There are several requirements that must be maintained throughout the award period of the scholarship in order to maintain eligibility. These include regular completion of our Scholarship Recipient Questionnaire, regular completion of our Service Provider Questionnaire, and volunteering or participation in Launch Aspergers promotional events throughout the year.

Scholarship awards can be awarded for up to 1 year maximum of duration. After 1 year of duration, recipients must complete a new scholarship application to continue receiving the scholarship for the following year.

1. Scholarship Recipient Questionnaire

The Scholarship Recipient Questionnaire (page 5) is to be completed on a quarterly basis by the person receiving the service or assistance provided by the scholarship. The purpose of this questionnaire is to provide feedback to the board on how well the particular services are benefitting the recipient. Additionally, grants that we receive may require us to provide metrics and data supporting the success of our organization. Completed questionnaires must be received by March 15th, June 15th, September 15th, and December 15th respectively during the year. **Failure to complete the questionnaire and return to the board may result in termination of the scholarship award.**

1. Service Provider Questionnaire

The Service Provider Questionnaire (page 6) is to be completed on a quarterly basis by the service provider that is providing the training or assistance to the scholarship recipient. The purpose of this questionnaire is to provide feedback to us on how well the scholarship recipient is benefitting from the services. Some of the information from these questionnaires may be used to provide metrics during grant applications. Completed questionnaires must be received by March 15th, June 15th, September 15th, and December 15th respectively during the year. **Failure to complete the questionnaire and return to the board may result in termination of the scholarship award. It is the responsibility of the scholarship recipient to make sure this is completed on time.**

1. Volunteer at Launch Aspergers Events

In order to continue to receive the scholarship from Launch Aspergers, we ask that all recipients and family members volunteer or participate in Launch Aspergers events held throughout the year. These volunteer opportunities allow others to actively engage with young adults benefitting from our organization as well as provide a social activity for the scholarship recipients.

Thank you for your interest in our organization and we look forward to working with you in the future.

Scholarship Application

|  |  |
| --- | --- |
| Recipient Information: | Application Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Scholarship Recipient ( or name of submitting Individual ):  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Email:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Address:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Home Phone:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Marital Status: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Number of family members: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Family Annual Income:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Number of family members on Autism Spectrum: \_\_\_\_\_\_\_  Ages of those family members on Spectrum: \_\_\_\_\_\_\_\_\_\_\_ | Total Monthly Expenses:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Check all that apply below: \_\_A. I am a person on the autistic spectrum \_\_B. My family member is an adult on the spectrum (The term "family" is used to refer to children and their parent(s) or family members who are primary caregivers.) \_\_C. I am the parent of a child on the spectrum \_\_D. I am the guardian of an individual on the spectrum | Funding Amount Requested:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Frequency of Payment Required:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Quantity of Services Provided:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| --- | --- |
| Service Provider Information: |  |
| Name of Service Provider:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Contact Phone Number:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Address:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| Please describe why funding from Launch Aspergers is needed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| How will the funds be used? (i.e. therapy service, social skills, employment training, need due to emergency event – please describe, conference attendance, etc.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| What is the anticipated positive impact these funds will have? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

**If approved, requested funding will be directly paid to service providers or conference registrar in support of the individual/family requesting the scholarship. No monies will be paid to the recipient.**

**Your acceptance of this scholarship indicates that either the parents of applicant or the applicant themselves agree to the scholarship requirements outlined above.**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**



Scholarship Recipient Questionnaire

Recipient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Period(circle): 1st Qtr 2nd Qtr 3rd Qtr 4th Qtr Year: \_\_\_\_\_\_\_\_\_

1. How many sessions during this quarter were services available for you to attend: \_\_\_\_\_\_\_\_\_\_\_\_

2. How many sessions did you attend of the number stated in #1 above: \_\_\_\_\_\_\_\_\_\_\_\_\_

3. Did you have goals that you planned to work toward this quarter? \_\_\_\_\_\_\_\_

Can you state in generalities what those goals were:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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4. Regarding success of the meeting of goals stated above in #3, what % of success do you feel that you were able to complete during this quarter: \_\_\_\_\_

5. Do you feel that you benefited from the services that were provided to you this quarter? Yes or No and why. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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6. Do you feel that you will benefit from continued services from your service provider next quarter? Yes or No and why. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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7. Does you need scholarship funding for the next quarter? Yes or No and how much funding is needed?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Service Provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Person Completing Questionnaire: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thank you for taking the time to complete this questionnaire for services that you have received. All information is confidential and no names will ever be used by Launch Aspergers in the reporting of metrics that maybe used to apply for grants and funding so that we can continue to provide scholarships for those who need assistance paying for needed services. Please mail to address below or email to info@launchaspergers.org:

Launch Aspergers Scholarship Committee

PO Box 2461, Madison, AL 35758

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**



Service Provider Questionnaire

Recipient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Period(circle): 1st Qtr 2nd Qtr 3rd Qtr 4th Qtr Year: \_\_\_\_\_\_\_\_\_

1. How many sessions during this quarter were your services available for scholarship recipient to attend: \_\_\_\_\_\_\_\_\_\_\_

2. How many sessions did the scholarship recipient attend of the number stated in #1 above: \_\_\_\_\_\_\_\_\_\_\_\_\_

3. Did you have goals for the scholarship recipient to work toward this quarter? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Can you state in generalities what those goals were: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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4. Regarding success of the meeting of goals stated above in #3, what % of success do you feel that the scholarship recipient obtained during this quarter: \_\_\_\_\_

5. Do you feel that the scholarship recipient benefited from the services that were provided to them? Yes or No and why. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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6. Do you feel that the scholarship recipient if provided with scholarship funding for the next quarter will benefit from your services? Yes or No and why. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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7. Does this client need scholarship funding for the next quarter? Yes or No and how much funding is needed?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Service Provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Person Completing Questionnaire: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thank you for taking the time to complete this questionnaire for services provided to the scholarship recipient. All information is confidential and no names will ever be used by Launch Aspergers in the reporting of metrics that maybe used to apply for grants and funding so that we can continue to provide scholarships for those who need assistance paying for needed services. Please mail to address below or email to info@launchaspergers.org:

Launch Aspergers Scholarship Committee  
PO Box 2461, Madison, AL 35758

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**