



HOME OF THE SON-RISE PROGRAM®1974

Financial Aid Application
The Son-Rise Program® Start-Up
October 29 - November 2, 2007

OREGON RESIDENTS
The Roger and Gayle Pollock Scholarship Fund

REGISTER ME for The Son-Rise Program Start-Up (Oct 29-Nov 2, 2007) at the Autism Treatment Center of America in Sheffield, MA upon approval of this scholarship application:

YES: YES: _____ NO: _____

TODAY'S DATE: _____

FIRST NAME: _____ MIDDLE NAME: _____

LAST NAME: _____

ADDRESS 1: _____

ADDRESS 2: _____

CITY: _____ STATE: _____

ZIP CODE: _____ TEL NUMBER: _____

CHILD'S NAME: _____ RELATION TO CHILD: _____

CHILD'S DOB: _____(mm)_____(dd)_____(yyyy)

ANNUAL HOUSEHOLD INCOME: _____

INCOME SOURCE: (please circle one)

DUAL SINGLE ASSISTANCE NONE

NUMBER OF DEPENDANTS IN THE HOUSEHOLD: _____

DO YOU OWN _____ OR RENT _____ YOUR PROPERTY?

MORTGAGE/RENTAL (Monthly Payment) _____ UTILITIES (monthly amount) _____

LOANS (Monthly Payments) _____ CREDIT CARDS (Monthly Payment) _____

MEDICAL EXPENSES: _____ SPECIAL DIET: _____

OTHER: _____ (Please Explain)

Continued...

PLEASE COMPLETE A SEPARATE FORM FOR EACH PERSON APPLYING FOR A FUNDED PLACE. FAX TO: (413) 229-3202 ATTENTION DEBBIE

THE AUTISM TREATMENT CENTER OF AMERICA. TEL: +1(413) 229-2100 2080 SOUTH UNDERMOUNTAIN ROAD, SHEFFIELD MA 01257

