

P.O. Box 30213,
Pensacola, FL 32503

OFFICE (850) 434.7171
autismpensacola.org



Autism Pensacola - Financial Aid Application Form

DATE _____

Child's Name: _____

Parent's Name: _____

Number of Family Members in Household: _____

Address: _____

Phone: _____ Email: _____

API Program you are applying for: Kids for Camp Project Lifesaver Parent Empowerment Program

Other: _____

Documentation of Financial Need (please check one and attach document to form):

Preferred - Front page of MOST RECENT processed tax return with Social Security Numbers **blacked out**.

(For both parents, if married; or parent who claims child as dependent on taxes)

Proof named child above receives SSI

Unemployment notice

If you have medical expenses or therapy expenses that you would like us to consider, contact rebecca@autismpensacola.org.
You may also include a letter explaining special circumstances.

Documentation of financial need is required to apply for financial aid. Autism Pensacola reserves the right to request further documentation, if necessary. This process will be kept completely confidential.

FOR OFFICE USE ONLY:

RCVD: _____ PROC: _____ STATUS: _____

