



AUTISM
PENSACOLA

Autism Pensacola, Inc.
2018 Holiday Assistance Program Application

Application deadline is November 15, 2018

Name and age of Child with autism: _____

Parent/Guardian Name: _____

Total Number of Family Members in Household: _____

Address: _____

Phone Number: _____

Email: _____

Application Process:

- This application form must be completed in full and submitted no later than November 15, 2018 to:
Autism Pensacola
P.O. Box 30213
Pensacola FL 32503-1213
Or
Email: office@autismpensacola.org
- Applications must include two letters:
 1. a letter explaining financial need
 2. a letter of recommendation from a school or other agency

You **will be** notified by *November 22, 2018* if **you are a recipient**. If you are not selected for one of the cards in this program, you may wish to pursue alternative avenues of support/assistance through other agencies and organizations.

For office use only:

Rcvd: _____ Rvwd _____ Rvwd _____ Status _____