**Autism Pensacola, Inc.** 

**2019 Holiday Gift Card Program Application Form**

Application deadline is November 5, 2019

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 5, 2019 to:

Autism Pensacola

10001 N. Davis Highway, Building 1

Pensacola FL 32514

Or

Email: shanan@autismpensacola.org

* Applications **must** include two letters in order for consideration:
  1. a letter explaining financial need
  2. a letter of recommendation from a school or other agency

You **will be** notified by *December 5, 2019* **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.

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For office use only:

Rcvd:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Rvwd\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Rvwd\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Status\_\_\_\_\_\_\_\_\_\_\_\_\_\_