

Ultimate Autism Foundation  
**GRANT APPLICATION**

APPLICANT INFORMATION

Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Phone: \_\_\_\_\_

Current address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Own    Rent    (Please circle) \_\_\_\_\_ How long? \_\_\_\_\_

HOUSEHOLD INFORMATION

Please list all members of your household and provide the information requested. Please check in box which member (s) is/are Autistic.

NAME	RELATIONSHIP	AGE	AUTISTIC <input type="checkbox"/>	EMPLOYED <input type="checkbox"/>

ALTERNATE CONTACT

Name of a relative not residing with you: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Relationship: \_\_\_\_\_

VOLUNTEER REQUEST

OUR FOUNDATION RUNS ON VOLUNTEERS AND WE MAY CONTACT YOU FROM TIME TO TIME FOR VOLUNTEER OPPORTUNITIES. PLEASE PROVIDE INFORMATION OF OTHERS YOU THINK WOULD BE WILLING TO VOLUNTEER THEIR TIME.

Name	Phone #	Best time to call

What type of help are you looking to obtain? Please check all that apply.

Information       Resources       Financial       Special equipment

Other \_\_\_\_\_

Please tell us how you heard about us: \_\_\_\_\_

We may ask for photographs of your family to use in promotional materials, on our website, or social media. Please indicate whether or not you give your consent for Ultimate Autism Foundation to use photos of your family by checking the box below. If you do not wish to have photos of your family released, we understand and this will NOT affect our decision to award a grant.

I consent to having my family's photos taken and used for promotional purposes.

I DO NOT want my family's photos taken and used for promotional purposes.

We may use your name or your children's name(s) in press releases, promotional materials, on our website, or social media. Please indicate below how you would like your name to appear and how you would like your child's/children's name(s) to appear. If you wish to remain anonymous, we understand and this will NOT affect our decision to award a grant, but please indicate this preference below.

\_\_\_\_\_

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Description of needs? (If you need additional space, please attach an additional sheet.)

Please provide a short biography of the person that is requiring assistance. (If you need additional space, please attach an additional sheet.)

Signature of applicant

Date

Application may be mailed to:  
**Ultimate Autism Foundation, P.O. Box 342, Sauk Rapids, MN 56379**  
or emailed to:  
**foundation@ultimateautism.org**