

Financial Aid Application

Child's Name:	Date:	
Application Completed By:		
Relationship to child:		

In order to ensure that your child's financial aid application is considered, please read the following guidelines carefully before completing the application.

- Attach a copy of your most recent federal tax return (form 1040), submitted within the last 18 months, for every member of your household who filed, including children, showing income and expenses reported to the Internal Revenue Service. If you are exempt from filing, based on IRS requirements, you must attach document(s) showing ALL annual income for the last 12 months [e.g. social security statement(s), unemployment wage summary(ies), W-2(s),1099's, interest statements, Medicaid statements, etc.] for every member of your household. If your employment situation has changed since the completion of your most recent tax return, you must provide formal documentation from an employer, former employer, the social security administration, or other official representative.
- All parent(s)/legal guardian(s) must sign the signature line(s) on page 4.

Client Information

Last Name:	ast Name:			Middle Name:
Date of Birth:	Sex/Gender:	Social Security Number:		Preferred Name:
Race/Ethnicity:		Child lives with:		Primary Language:
Street Address:				
City:		State:	Zip:	County:
Primary Diagnosis:		If other(s), please specify:		

Parent/Guardian (A) Information

Last Name:		First Name:		Middle Name:
Last Name.		First Name:		winddie Name.
Date of Birth:	Sex/Gender:	Race/Ethnicity:		Preferred Name:
Relationship to Student:			Profession:	
Street Address:				
City:		State:	Zip:	County:
Email Address:		Primary Language:		Education Level:
Home Phone:		Cell Phone:		Business Phone:
Parent/Guardian (B)) Information	n		
Last Name:		First Name:		Middle Name:
Date of Birth:	Sex/Gender:	Race/Ethnici	ity:	Preferred Name:
Relationship to Student:			Profession:	
Street Address:				
City:		State:	Zip:	County:
Email Address: Race/Ethnici		ity:	Education Level:	
Home Phone:		Cell Phone:		Business Phone:
Legal Information				I
Has the court ever been i	involved in	If yes, when	and why?	
granting custody?		if yes, when and why.		
Who has legal custody o	f the child?			
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Please explain any unus found on your tax returi				ances that may alter the information
Event/Situation	\ <i>U</i>		, , ,	Date(s)
				l l

Financial Information

List any family member currently receiving assistance from any governmental agency (e.g. DSS, DHHS, CAP, public housing assistance, food stamps, unemployment, social security, etc.) not reflected on your tax return.

Source of Support	Person Receiving Support	Average Monthly Amount	Comments

Additional Information

Have you ever previously applied for an ABC of NC scholarship or financial aid?	Have you ever received an ABC of NC scholarship or financial aid?
Have you ever received services through ABC of NC or the Autism Clinic? If so, indicate service(s) and date(s).	Are you currently receiving services through ABC of NC or the Autism Clinic? If so, indicate service(s) and start date.

Service(s) Request

Indicate by placing a check beside any/all programs for which you would like to be considered for financial aid. You may go to our website www.abcofnc.org for a full description of these services.

Tuition-B	ased Services
I	Intensive 1:1 Instruction
(Group Instruction (PIC, JRC, ARC, ECC-E, ECC-M/H)
I	Buddy Club
Hourly Se	ervices
I	Intensive Diet Expansion Program
I	Intensive Toilet Training Program
I	Facilitated Peer Play
I	Family Sessions
I	Parent Education Services

Statement of Need

Provide a statement of need/explanation of why your family should be considered for financial aid.		
Please write in the space below or attach a type	d statement.	
L		
	orm and the attached supporting income complete to the best of my knowledge. I authorize ABC entative(s) to copy, review, and verify all information	
Signature Parent/Guardian (A)	Date	
Signature Parent/Guardian (B)	Date	