



## APPLICATION FOR AWARD

P.O. Box 13383  
Reno, NV 89507

Applicants **must provide proof of a diagnosed Autism Spectrum Disorder and/or other neuro-developmental disorder, or if an organization, must provide in writing that the award will go directly to services for individuals of a diagnosed Autism Spectrum Disorder and/or other neuro-developmental disorder. Individual applicants must meet income guidelines of 400% above poverty level, provide a stamped copy of their last tax return from the local IRS office or CPA and last three paycheck stubs for all employed members of the family with their application.** Mail completed applications to the PO Box listed above. Incomplete applications will not be considered. For a full list of award criteria please visit our website at [www.justinhopefoundation.org](http://www.justinhopefoundation.org)

Parent(s)/Organization Name: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Child DOB: \_\_\_\_\_

Diagnosed Disability: \_\_\_\_\_ Date Diagnosed: \_\_\_\_\_

Requested Award (Please be specific): \_\_\_\_\_

\_\_\_\_\_

Estimated Cost: \_\_\_\_\_ Name of Provider/Supplier for Award: \_\_\_\_\_

Additional Info: \_\_\_\_\_

Parent/Organization Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### For Office Use Only:

Reviewed By: \_\_\_\_\_ Date: \_\_\_\_\_ Awarded: Yes/No Date \_\_\_\_\_

Received:  Proof of Diagnosis  Tax Return  Paycheck Stubs  Organization Proof

Notes:

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