

**Autism Society of America Central Illinois Chapter (A.S.A.C.I.C.)**  
**2008 Blake Penner Memorial Grant Application Form**

**Important: Application must be postmarked by October 31, 2008.**

All applicants will be added to our mailing list. If you do not want mailings from us, write a note and tell us.

**Step 1: Person with autism spectrum disorder**

Name \_\_\_\_\_

Date of birth \_\_\_ / \_\_\_ / \_\_\_\_\_ Grade in school \_\_\_\_\_

Name of school \_\_\_\_\_

Please include a copy of the doctor's letter or page of IEP from school indicating diagnosis.

**Step 2: Parent or legal guardian information (if applicable or if person is under 18 years old)**

Mother's name (or legal guardian) \_\_\_\_\_

Address \_\_\_\_\_

Phone (day) \_\_\_\_\_ (night) \_\_\_\_\_ Email \_\_\_\_\_

Father's name \_\_\_\_\_

Address (if different) \_\_\_\_\_

Phone (day) \_\_\_\_\_ (night) \_\_\_\_\_ Email \_\_\_\_\_

**Step 3: Tell us about your funding request**

Amount requested \$ \_\_\_\_\_ What will you use the funds for? \_\_\_\_\_

Include a copy of the invoice, ordering information, or other cost documentation.

Do you want a portion of the grant to cover your \$30 national dues for membership in Autism Society of America? Yes \_\_\_\_\_ No, my membership is current through 2008 \_\_\_\_\_

**Tell us about the payment needed**

To whom should the check be made payable? \_\_\_\_\_

Where should we send the check? \_\_\_\_\_

**Step 4: Sign below**

I have read and completed this grant application and certify that the information contained in it is correct to the best of my knowledge and belief. I certify that I have made a diligent search for other sources of funding for this request and that, to the best of my knowledge, there are no other resources, public or private, available to fulfill this request.

\_\_\_\_\_  
Signature of person, parent or guardian

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date of signature

**Step 5: Mail completed application to us by the deadline of October 31, 2008. Apply early, funds are limited. It must be postmarked October 31<sup>st</sup> or earlier.**

Our address is: AUTISM SOCIETY OF AMERICA CENTRAL ILLINOIS CHAPTER  
PO BOX 8781  
SPRINGFIELD, IL 62791-8781



PO Box 8781, Springfield, IL 62791-8781 \* (217) 241-2023 \* [info@asacic.org](mailto:info@asacic.org) \* [www.asacic.org](http://www.asacic.org)

## 2008 Blake Penner Memorial Grant Information

*This grant program is named in memory of a special little boy, Blake Penner. This grant is provided by the Autism Society of America Central Illinois Chapter from funds locally raised and is intended to help meet the special needs of individuals with autism in central Illinois.*

### Who is eligible for this grant?

The beneficiary of the grant must be a person with autism spectrum disorder (Asperger's, PDD, Autism) who lives within the central Illinois area (must live in Sangamon or Menard County or other qualifying zip code listed on our website). The application must be completed by the person or by his or her parent or legal guardian.

Current or joining members of the Autism Society of America are invited to apply.

### What may the grant be used for?

A total of up to \$300 per individual is available to help fund anything that improves the life of the person with autism. There is no limit on the number of grants that make up the total. For example, there may be 3 \$100 grants for one person (\$300 total). The request may be on separate applications or on one application.

### Examples of grant uses:

Adaptive bicycle	Educational conference fees
Assistive technology	Social skills training
Educational advocacy	Therapy: Applied Behavioral Analysis (ABA)
Educational, behavioral, or other assessments	Therapy: Occupational, Physical or Speech
Educational consultant fees	Other personalized training provided by a professional

### How do I apply?

To apply for funds, complete the form, attach the required documentation, and send your application to us at the address on the bottom of the application. After we receive your completed application, it will be reviewed to determine if we need additional information to approve the request. Since there is a **limited** amount of money, please apply as soon as you can. **The deadline to apply is October 31, 2008.**

### Required Documentation for Request:

Include with this application the invoice or cost information for the request. It must reference where the payment is to be made payable and the address for the payment. **You will be notified in writing within 60 days of the status of your request.**

We hope that the grant program is helpful to you. Please let us know what other events, speakers, trainings, or offers you would like from us. Your thoughts are important to us.

### Questions? Please let us know.

For more information: call (217) 241-2023 (toll-free) \* email [info@asacic.org](mailto:info@asacic.org) \* visit [www.asacic.org](http://www.asacic.org)