



FEAT of Southern Nevada understands that technology is an integral part for children on the Autism Spectrum to become more independent and to ensure they have the same life expectations, opportunities and outcomes to reach their full potential. The **iPad 4 U Scholarship Program** was created by **FEAT** (Families for Effective Autism Treatment) in collaboration with **Cox Communications Charities and Insomniac LLC.** to provide Assistive Tech Devices to children with limited or no language abilities.

iPad 4 U Scholarship Program		
Applicant Information – Please Print		
Child's Name:		
Date of birth:	Email:	Phone:
Current Address:		
City:	State:	Zip Code:
Parent/Guardian Name:	Annual Income:	Ethnicity:
Diagnosis & Therapies		
Diagnosis:		
Current Therapies:		How Long:
Provider Name:	Provider Contact #:	Provider Email:
Provider Name:	Provider Contact #:	Provider Email:
Provider Name:	Provider Contact #:	Provider Email:

Is your child a resident of Las Vegas? YES NO (Must be a local Southern Nevada resident to qualify)

Does your child have limited or no language? YES NO

Please describe your child's communication abilities: _____

Have you applied for assistive technology through CCSD, Easter Seals Nevada or Medicaid? YES NO

Do you currently have assistive technology through CCSD, Easter Seals or Medicaid? YES NO

If so, What device does your child use? _____

Do you have a provider that uses ProLoQuo2Go in their treatment plan or a similar communication program?

YES NO

If so, Please provide the providers name and communication program _____



iPad 4 U General Information Page:

1. The parent must be a member of FEAT of Southern Nevada to apply for the "iPad 4 U Scholarship Program". Please sign up as a member on-line at www.featsonv.org. Non Members will not be considered.
2. Provide Proof of Autism (Diagnosis letter from your child's physician or front page of an IEP).
3. Must provide documentation from any of the following: Speech Path, ABA Provider, IEP present levels or child's physician note stating the need of an assistive tech device and what software they use in their treatment plans.
4. Parent/guardian and/or provider must provide a written statement as to what is the primary purpose for requesting an assistive technology device and why an iPod/iPad would be appropriate for your child. (250 words maximum – please attach statement to application).
5. All applicants must be under the age of 18.
6. Provider must sign the "iPad 4 U" scholarship application to be considered.
7. This program will award **ONE** device - either an iPad Mini 32 GB **OR** iPod Touch 32 GB.
8. iPad 4 U Scholarship Program will provide **ONE** device per child per family.
9. Parent/Guardians are responsible to purchase protective covering and screen protectors.
10. FEAT, Cox Communications and Insomniac LLC. will not be responsible for broken devices, repair services and/or replacement of device.
11. If your child has been approved through CCSD, Easter Seals Nevada or Medicaid for an assistive technology device you will not qualify for the "iPad 4 U Scholarship Program".
12. Funding is limited, not every applicant will be awarded an assistive tech device.
13. Incomplete applications will not be accepted.
14. You will be contacted by a member of the review committee if your child has been awarded an assisted tech device after December 1st, 2017.

I agree to the terms of the general information page:

Signatures	
Signature of Guardian:	Date:
Signature of Provider:	Date:



Scholarship Dates & Datelines:

- Applications will be accepted from October 1st, 2017 – November 30th, 2017.
- Scholarship recipients will be notified by the review committee no later than December 15th, 2017.

Please provide the following documents:

1. Completed Application
2. Proof of Autism (Diagnosis letter from your child’s physician or front page of an IEP).
3. Parent/guardian and/or provider must provide a written statement as to why your child would benefit from an assistive tech device and what communication program will be used (250 words maximum)
4. Proof of limited or no communication (documentation from a speech path, ABA provider, IEP present levels or child’s physician note recommending or requesting an assistive tech device).
5. Parent, guardians and providers must sign the application

Return all completed applications to:

Physical Address:

or

Via Email to:

FEAT of Southern Nevada
“iPad 4 U Scholarship Program”
7055 Windy Street
Suite B
Las Vegas, NV 89119

ipad4u@featsonv.org
(must be submitted in a pdf file)

Release of Liability

I agree to indemnify and hold harmless Cox Communications, FEAT of Southern Nevada (Families for Effective Autism Treatment) and the iPad 4 U Scholarship Program and any and all employees agent or representatives of same, from damages to property injuries (including death) to myself, and/or any other person, and any other losses, damages, expenses, claims, demands, suits and actions by any party against the iPad 4 U Scholarship Program and any and all employees, agents, representatives of same, in connection with the iPad 4 U Scholarship Program.

Signatures	
Signature of Guardian:	Date:
Signature of Guardian:	Date: