

Advocacy Scholarship Program for 2020/2021

What is the FEAT Educational Advocacy Scholarship Program (ASP)? The FEAT Advocacy Scholarship Program (ASP) was designed to provide families with an advocate to assist them and the child's school to develop a document that focuses on the child's individualized educational needs.

Advocacy Scholarship Program Eligibility Criteria:

- ❖ Must fill out FEAT membership form to participate in the advocacy program. If you have not yet filled out the form previously, you can request one at: info@featsonv.org
- ❖ Provide child's proof of Autism (front page of an IEP or a one-page diagnosis letter from your child's physician).
- ❖ **FEAT will grant a \$75.00-dollar scholarship to assist with advocate fees. It is the parent/guardian responsibility to choose an appropriate advocate.**
- ❖ **FEAT will pay the advocate directly after the IEP meeting was held and upon receipt of the advocate invoice.**
- ❖ Parent/guardian **MUST attend** the entire IEP meeting. FEAT will not provide payment for the IEP to the advocate if the parent does not attend, and will deny family of future funding. Parent/guardian will be responsible for advocate fees.
- ❖ Once the scholarship is approved a FEAT representative will contact the family. It is the responsibility of the parent/guardian to schedule & coordinate the IEP/504 meeting with the advocate.
- ❖ FEAT will provide advocacy scholarships for individuals up to the age of 21.
- ❖ **Only Complete Applications will be approved. Please sign each page of the application and provide all documents required.**

By signing, I acknowledge that I have read, understand and agree with the information above.

Print Name: _____ Signature: _____ Date: _____

Advocacy Scholarship Program for 2020/2021

Please type or print in black ink. Please fill out a **separate form for each child on the spectrum in your home**. Email or deliver completed forms to: FEAT of Southern Nevada, 7061 W Arby Avenue, Ste. 170 Las Vegas NV 89113 or advocacy@featsonv.org

Child's First Name:		Last Name:	
Age/DOB?	ASD Diagnosis? Y N (Must provide proof of autism)	Does child currently have an IEP? Y N	Grade?
Annual IEP Date:	School Name and Address:		
Ethnicity (circle one): African-American Asian Hispanic White Other:		Language of Preference: English Spanish Other	
Parent or Guardian's First Name(s):		Last Name:	
Address:		City:	
Zip Code:	Email:		
Home Phone:	Cell Number:	Business/Daytime Number:	

1. Why are you requesting this funding? _____

2. Annual household income? _____
3. How many children on the spectrum reside in your home? _____
4. Do you currently participate in any other FEAT activities or support programs? If so, please list _____

5. Do you currently pay out of pocket for therapies? _____ If so, how much? _____
6. What issues do you currently face with CCSD? _____

FEAT Acknowledgments:

- ❖ FEAT will provide a one-time scholarship of \$75 dollars per individual.
- ❖ Child must be a student in a Clark County School District school, local charter school or on a service plan.
- ❖ FEAT ASP does not cover any legal fees, transportation or document review. Parent/guardian will be responsible for any fees advocate may request.
- ❖ Applications must be received prior to the IEP and approved to be considered for funding.
- ❖ FEAT is not responsible for advocate-parent/guardian relationship. FEAT is not responsible for advice given by the advocate or the outcome of the IEP meeting or conflicts in scheduling.
- ❖ FEAT reserve the right to refuse the scholarship to any member without reason.
- ❖ FEAT may discontinue this scholarship at any time. Program availability is based on funding
- ❖ Funding is limited and will be provided on a first come first serve basis. The application process does not guarantee the scholarship.
- ❖ Advocate must send invoice to: advocacy@featsonv.org by the 1st of each month, reflecting date and services provided to receive payment.
- ❖ Parent/guardian is responsible for any fees above and over the \$75 scholarship provided by FEAT.

By signing, I acknowledge that I have read, understand and agree with the information above.

Print Name: _____ Signature: _____ Date: _____