

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. Provider must sign the "iPad 4 U" scholarship application to be considered.
6. This program will award **ONE** device - either an iPad Mini 32 GB **OR** iPod Touch 32 GB.
7. iPad 4 U Scholarship Program will provide **ONE** device per child per family.
8. Parent/Guardians are responsible to purchase protective covering and screen protectors.
9. FEAT will not be responsible for broken devices, repair services and/or replacement of device.
10. If your child has been approved through CCSD, NV State AT Program or Medicaid for an assistive technology device you will not qualify for the "iPad 4 U Scholarship Program".
11. Funding is limited, not every applicant will be awarded an assistive tech device.
12. Incomplete applications will not be accepted.
13. You will be contacted by a member of the review committee if your child has been awarded an assisted tech device.

I agree to the terms of the general information page:

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



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 (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 requesting an assistive tech device).

Return all completed applications to:

Physical Address:

or

Via Email to:

FEAT of Southern Nevada
 “iPad 4 U Scholarship Program”
 7061 W Arby Avenue
 Suite 170
 Las Vegas, NV 89113

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

Release of Liability

I agree to indemnify and hold harmless 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:
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