

# FEAT Advocacy Scholarship Program Year \_\_\_\_\_

**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:

- ❖ Provide child's proof of Autism along with the completed application (front page of an IEP or a one-page diagnosis letter from your child's physician).
- ❖ 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.
- ❖ FEAT will provide a one-time scholarship of \$200 per individual.
- ❖ It is the parents' responsibility to choose an appropriate advocate.
- ❖ It is the parents' responsibility to pay any fees above the \$200 scholarship.
- ❖ FEAT will pay the advocate directly upon invoice from the advocate.
- ❖ Please submit applications to: **advocacy@featsonv.org**
- ❖ Once the scholarship is approved a FEAT representative will contact the family and the advocate (please allow 2 business days for response).
- ❖ It is the responsibility of the family to coordinate the IEP meeting with the advocate.
- ❖ Only Complete Applications will be approved. Please sign each page of the application and provide all documents required for processing and approval.
- ❖ Child must be a student in a CCSD school, local charter school or on a service plan.
- ❖ Applications must be received at least 7 days prior to the IEP to be considered.

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

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Advocate that will attend the IEP meeting:** \_\_\_\_\_

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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](mailto:advocacy@featsonv.org) Please note: The advocate may request additional information.

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:	

- Why are you requesting this funding? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Annual household income? \_\_\_\_\_
- How many children on the spectrum reside in your home? \_\_\_\_\_
- Do you currently participate in any other FEAT activities or support programs? If so, please list \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Do you currently pay out of pocket for therapies? \_\_\_\_\_
- What issues do you currently face with CCSD? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## FEAT Acknowledgments:

- ❖ FEAT is not responsible for the 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 and/or the advocate reserve the right to refuse this service to any member without reason.
- ❖ FEAT may discontinue this service 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 services by advocate.
- ❖ Advocate must send an invoice to: [advocacy@featsonv.org](mailto:advocacy@featsonv.org) by the 1st of each month, reflecting the date and services provided to receive payment.

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

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Las Vegas Advocates:

1. Advocate 4 Kids LLC. / Cheryl Jung / 702-203-5316 / [jungcheryl@aol.com](mailto:jungcheryl@aol.com)
2. Reset Behavior / Melissa Kenyon / 702-389-5465 / [contact@resetbehavior.com](mailto:contact@resetbehavior.com)
3. Wynn Advocacy LLC. / Stephanie Wynn / 561-306-6450 / [swynn@youwillchangetheworld.com](mailto:swynn@youwillchangetheworld.com)
4. Martha Estrada / 725-221-3977 / [asistantvirtual2020@gmail.com](mailto:asistantvirtual2020@gmail.com)  
Spanish Speaking Advocate

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