

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 Please note: The advocate may request additional information.

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|--|--|--|--------|
| 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? _____
6. 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 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
2. Reset Behavior / Melissa Kenyon / 702-389-5465 / contact@resetbehavior.com
3. Wynn Advocacy LLC. / Stephanie Wynn / 561-306-6450 / swynn@youwillchangetheworld.com
4. Martha Estrada / 725-221-3977 / asistantvirtual2020@gmail.com
Spanish Speaking Advocate
5. Widening The Doors (Tony Congrove and Dr. Leslie Congrove) / 725-276-7691 / tony@wideningthedoors.com