

**Scholarship generously  
sponsored by:  
Fund for Healthy Nevada (FHN)**

**2024 iPad 4 U Scholarship Program**

**FEAT of Southern Nevada** understands that technology is an integral part for individuals on the autism spectrum to become more independent and reach their full potential. The **FEAT IPAD 4 U Scholarship Program** is funded by a generous grant from the **Fund for a Healthy Nevada – Nevada Department of Health and Human Services**. This grant will help provide an iPad (ATD -Assistive Technology Device) and Apps to improve academics, communication and independent living skills of individuals diagnosed with autism. Please submit application to [ipad4u@featsonv.org](mailto:ipad4u@featsonv.org)

**INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED!**

**Applicant Information – Please Print**

Applicant Name:		
Date of birth:	Phone:	Email:
Current Address:		
City:	State:	Zip Code:
Parent/Guardian Name:	Annual Income:	Ethnicity:
<b>Diagnosis &amp; Therapies</b>		
Diagnosis:		
Current Therapies:		How Long:
Provider Name:	Provider Contact #:	Provider Email:
Provider Name:	Provider Contact #:	Provider Email:

Is the individual a resident of Las Vegas? Y/N (Must be a local Southern Nevada resident to qualify)

Does the individual have limited or no language? Y/N

Does the individual need help with academics? Y/N

Does the individual need help with independent living skills? Y/N

Please describe the individuals communication/academic/daily living abilities:

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Has the individual applied for assistive technology through CCSD, NV State AT Program or Medicaid? Y/N

Does the individual currently have assistive technology through CCSD, NV State AT Program or Medicaid? Y/N

If so, which device? \_\_\_\_\_

Does the individual have a provider that uses assistive technology apps in their treatment plan? Y/N

If so, please provide the providers name \_\_\_\_\_

## Scholarship Requirements (Please initial)

1. \_\_\_\_\_ Provide Proof of Autism (Diagnosis letter from a physician or front page of an IEP) Please attach to completed application.
2. \_\_\_\_\_ **Therapist Written Statement:** The therapist that will use the device and communication software during the child's session **MUST** provide a written statement briefly stating a) the individual barriers expressing his/her needs and wants; b) how crucial the device and software will be in improving his/her quality of life, and c) the therapist agrees to use the device during his/her session.
3. \_\_\_\_\_ **Parent Written Statement: Must** explain the primary purpose of the request and what the device and software would mean to your son/daughter (250 words maximum – please attach statement to application).
4. \_\_\_\_\_ **Parent and Therapist must sign** the "iPad 4 U" scholarship application to be considered.
5. \_\_\_\_\_ iPad 4 U Scholarship Program will provide **ONE** device per child per family.
6. \_\_\_\_\_ Parent/Guardians are responsible to purchase **protective covering and screen protectors.**
7. \_\_\_\_\_ FEAT will not be responsible for broken devices, repair services and/or replacement of device.
8. \_\_\_\_\_ 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".
9. \_\_\_\_\_ Funding is limited, not every applicant will be awarded an assistive tech device.
10. \_\_\_\_\_ ***If you failed to cancel any scheduled meetings*** with VAR within 24 hours **VAR** reserves the right to charge a \$ 50 dollar fee. **VAR contact information: phone # 702-886-7790 or [info@varlv.com](mailto:info@varlv.com)**
11. \_\_\_\_\_ Once approved for a device each recipient will receive an average of **up to ten (10) MANDATORY hours of instruction and mentoring from Victor Autism Resources (VAR).**
12. \_\_\_\_\_ **If parent is nonresponsive to grant guidelines (ie: 10 hours of training, failure to respond to VAR and/or FEAT requests) FEAT will charge the FULL AMOUNT of the iPad device and software device below described.**
  - FEAT will require a Credit Card on file to charge:**
  - ◇ **\$50 failure to cancel fee**
  - ◇ **\$355.00 iPad Fee**
  - ◇ **\$249.00 Proloquo2go software Fee**
  - TOTAL: US\$ 654.00**
13. \_\_\_\_\_ **Parents and Therapist MUST submit a short statement stating individual's progress 6 months after the device was awarded.**

I agree to the terms of the general information page:

Signatures	
<b>Parent Signature:</b>	Date:
<b>Therapist Signature:</b>	Date:

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**Application MUST have the following documents to be approved:**

- 1) Completed and signed Application/Credit Card Information
- 2) Proof of Autism- (Diagnosis letter from your child’s physician or front page of an IEP).
- 3) Parent written statement
- 4) Therapist written statement

**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)

For any additional questions or information, please call the FEAT hotline at: 702-368-3328

**Credit Card Information: (Please Print Clearly or provide a scanned picture of your card)**

**Name:** \_\_\_\_\_

**CC Number:** \_\_\_\_\_ **Exp Date:** \_\_\_\_\_

**CCV:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Release of Liability**

I agree to indemnify and hold harmless **FEAT of Southern Nevada** (Families for Effective Autism Treatment), the **iPad 4 U Scholarship Program**, **Victor Autism Resources** (VAR), and any and all employees agent or representatives, from damages to property injuries 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 in connection with the iPad 4 U Scholarship Program.

<b>Signatures</b>	
<b>Parent Signature:</b>	Date:
<b>Therapist Signature:</b>	Date:

**“An individual who can label letters, numbers, shapes and colors...but cannot use his words to express wants and needs or socially interact with other people... has language but not communication skills”**

**Author: Cari Ebert**