

Peoria Regional Chapter of Autism Society of America

www.autismpeoria.com

Chapter1009



Peoria Regional Chapter of ASA

Stipend Fund

The PRC of ASA provides a limited stipend fund to enable people with Autism Spectrum Disorder and their family members living in Peoria, Tazewell, Woodford and Fulton counties to attend trainings and conferences of their choice that are directly related to Autism Spectrum Disorder.

Who can apply?

Applicant must be a resident of one of the above counties, and a person with Autism Spectrum Disorder, or immediate family member of a person with Autism Spectrum Disorder, or a guardian/foster parent of a person with Autism Spectrum Disorder.

What can I apply for?

Training or conference can be in-state or out-of-state and must be directly related to Autism Spectrum Disorder.

How much can I apply for?

Up to a maximum of \$100 per person per year or \$200 per family per year.

How do I apply?

An application form must be obtained from the chapter website (www.autismpeoria.com), completed and returned. The PRC board of directors meet monthly and will determine if applications will be approved. Applications must be submitted with sufficient time to determine the request prior to the training or conference. Stipends are not approved retroactively for previously attended conferences. The board will have sole authority to determine if stipends are paid in advance of the training or conference or as a reimbursement to participants following the requested event. Verification of attendance and participation will be required. Some limitations apply.

How do I return a completed form?

Mail to: Peoria Regional Chapter of the ASA, 507 E. Armstrong Ave. Peoria, IL 61603



Peoria Regional Chapter of ASA

Stipend Fund Application

Name: _____

Address: _____ City: _____ Zip: _____

County: (Please circle) Peoria Fulton Tazewell Woodford Phone: _____

Email address: _____

Are you a member of the Peoria Regional Chapter of the Autism Society of America? (Please circle) Yes No

I am: (Please check)

___ A person with Autism Spectrum Disorder (ASD or Autism)

___ An immediate relative or parent/guardian of a person with Autism Spectrum Disorder (ASD or Autism)

Stipend Amount Requested: \$ _____

Purpose: Please describe in detail the training or conference you will be attending. Include date, time, title, location, and a brief description.

Verification of attendance and participation will be required. If available, please send an event brochure or flyer with your completed application.

Mail completed application to: Peoria Regional Chapter of the ASA, 507 E. Armstrong Ave. Peoria, IL 61603

For Chapter use _____

_____ Approved Date Amount: \$ _____ Check #: _____ Date: _____

_____ Rejected Date Reason: _____

Verification Received: _____