



## Scholarship Application Form OUCARES Winter Programs 2017

OUCARES is offering limited scholarships for families in financial need to help pay tuition toward selected programs this winter. A scholarship committee will select the recipient(s) and the recipient(s) will be notified by email.

**PLEASE NOTE:** These scholarships are for financial assistance toward the total payment for each program.

**Only one scholarship per participant with ASD:**

**Please check which program the scholarship applies to:**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Social Skills</u>	<u>Indoor Soccer</u>	<u>Lil Kickers Soccer</u>	<u>Yoga</u>	<u>Social Connections for Adults</u>
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
	<u>Teen Social Club (15-18)</u>	<u>Photoshop Design</u>		<u>Video Editing</u>

***To apply for a scholarship:***

1. Please submit a completed 2017 Winter Program Registration Form
2. Complete this Scholarship Application Form in its entirety
3. Return to OUCARES no later than **January 9th, 2017**
4. OUCARES reserves the right to request further documentation and/or information to make final scholarship decision

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**Participant Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_ **# of persons in household:** \_\_\_\_\_

**Parent /Guardian Name:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Statement of Need:** Please tell us in three sentences or less why you are applying for this scholarship.

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***By signing below I hereby represent:***

- All information I have provided in this application is correct and true to the best of my knowledge.
- I understand there are limited scholarships available and the number of participants is limited. My completion of this application does not guarantee a scholarship or placement in OUCARES programs.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**No later than January 9th, 2017 to:**  
**Oakland University's Center for Autism Outreach Services (OUCARES)**  
425C Pawley Hall  
Rochester, MI 48309  
[oucares@oakland.edu](mailto:oucares@oakland.edu)