



Scholarship Application Form OUCARES Winter Programs 2018

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:

☐

Basic Social Skills (K-2nd, 3rd-5th)

☐

Robotics Club

☐

Saturday Morning Basketball (6-12 yrs.)

☐

Indoor Soccer (4-9 yrs.)

☐

Swimming (4-10 yrs. & 11-16 yrs.)

To apply for a scholarship:

1. Please submit a completed 2018 Winter Program Registration Form
2. Complete this Scholarship Application Form in its entirety
3. Return to OUCARES no later than **January 8th, 2018**
4. OUCARES reserves the right to request further documentation and/or information to make final scholarship decision

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.

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 8th, 2018 to:
Oakland University's Center for Autism Outreach Services (OUCARES)
Pawley Hall, Room 425C
456 Pioneer Drive
Rochester, MI 48309
oucares@oakland.edu

OUCARES

WINTER 2018 - Participant Registration Form

| | | |
|--|---|---|
| Participant Name: | D.O.B: | Sex: <input type="checkbox"/> M or <input type="checkbox"/> F |
| | AGE | |
| Parent/Guardian Name: | Email: | |
| Home Address: | City: | Zip Code: |
| Daytime Phone: | Evening Phone: | |
| Current Diagnosis: | Emergency Contact & Phone Number: | |
| Have you participated in OUCARES programs previously? | | |
| School District / Teacher's Name: | | |
| Please tell us how you heard about OUCARES: <input type="checkbox"/> OUCARES website <input type="checkbox"/> Social Worker | <input type="checkbox"/> Teacher <input type="checkbox"/> Friend <input type="checkbox"/> Other _____ | |

PROGRAM REGISTRATION

Check the correct box that indicates the program(s) you are registering for & total in the appropriate column.

Programs at OU Location:

| Program | Age Category | Registration Fee | Sub Total |
|---|---|------------------|-----------|
| <input type="checkbox"/> Basketball | <input type="checkbox"/> 6-12 yrs <input type="checkbox"/> 10-15 yrs <input type="checkbox"/> 16+ yrs | \$60.00 | |
| <input type="checkbox"/> Robotics Club | 10-15 yrs | \$130.00 | |
| <input type="checkbox"/> Indoor Soccer | 4-9 yrs | \$60.00 | |
| <input type="checkbox"/> Aspie Women Talk Life | 18+ yrs | \$60.00 | |
| <input type="checkbox"/> Judo If sibling or peer buddy, please complete a separate participant registration and assumption of risk form. | <input type="checkbox"/> 7-14 yrs <input type="checkbox"/> Sibling or Peer Buddy | \$80.00 | |
| <input type="checkbox"/> Swimming | <input type="checkbox"/> 5 - 10 yrs <input type="checkbox"/> 11 - 16 yrs | \$130.00 | |
| GRAND TOTAL: | | | |

Programs at Meadows Location:

| Program | Age Category | Registration Fee | Sub Total |
|--|--|------------------|-----------|
| <input type="checkbox"/> Photography and Photo Editing | 13+ yrs | \$200.00 | |
| <input type="checkbox"/> Teen Social Club | <input type="checkbox"/> 11-14 yrs <input type="checkbox"/> 15-18 yrs | \$130.00 | |

| | | | |
|--|--|----------|--|
| <input type="checkbox"/> Basic Social Skills | <input type="checkbox"/> K – 2 nd Grades <input type="checkbox"/> 3 rd – 5 th Grades | \$130.00 | |
| <input type="checkbox"/> Social Connections for Adults | 18+ yrs | \$130.00 | |
| <input type="checkbox"/> Yoga | 8+ yrs | \$100.00 | |
| GRAND TOTAL: | | | |

Off-site Programs:

| Program | Age Category | Registration Fee | Sub Total |
|--|---|------------------|-----------|
| <input type="checkbox"/> Bowling at Classic Lanes (2145 Industrial Dr, Rochester Hills) <i>New Participants – Please indicate Adult T-shirt Size:_____</i> | 16+ yrs | \$60.00 | |
| <input type="checkbox"/> Bowling at Five Star Lanes (2666 Metro Pkwy, Sterling Heights) <i>New Participants – Please indicate Adult T-shirt Size:_____</i> | 16+ yrs | \$60.00 | |
| <input type="checkbox"/> Volleyball Woodland Elementary Gym (6465 Livernois, Troy) | 16+ yrs | \$40.00 | |
| <input type="checkbox"/> OUCARES Just for Kicks! Soccer at Total Sports (22777 Farmington Rd, Farmington, MI 48336) | <input type="checkbox"/> 4-7 yrs <input type="checkbox"/> 8-12 yrs | \$100.00 | |
| GRAND TOTAL: | | | |

PROGRAM REFUND POLICY

A refund will be issued only if requested one week prior to the start of the program. OUCARES reserves the right to cancel a program for any reason.

Mail Completed:

- ☐ Participant Registration Form
- ☐ Participant Release and Assumption of Risk (Signature Required)
- ☐ Participant Information Form - 2 PAGES (FOR NEW PARTICIPANTS & PARTICIPANTS REGISTERED FOR SOCIAL SKILLS PROGRAMS ONLY)
- ☐ Program Fee (**checks payable to Oakland University**)

Mail To:

Oakland University -OUCARES, 425C Pawley Hall, 456 Pioneer Drive Rochester, MI 48309-4482

Parents/Caregivers must remain on the premises if your participants is under the age of 18 years, while the participant in your care is involved in a program.