Bethany Leapley ASD Scholarship Fund

The Bethany Leapley Autism Spectrum Disorder Scholarship Fund supports scholarships for members of the Autism Spectrum Disorder (ASD) Fitness Center in Orange, CT. The ASD Fitness Center is a facility designed specifically to provide a safe, comfortable and structured environment for empowering individuals with ASD to improve their level of physical fitness.

Scholarships are awarded for a one-year period of time. This includes three 30 minute weekly sessions, two of which are with a personal trainer and one is a small group class. Attendance is mandatory. Failure to attend the three weekly sessions and/or having three unexcused absences will result in the possibility of your scholarship being revoked.

The Bethany Leapley Autism Spectrum Disorder Scholarship Fund Board is responsible for the review of scholarship applications, award distribution, and any decisions regarding scholarship continuance.

Applications can be mailed to Bethany Luna, Executive Director, 17 Cannonball Road, North Haven, CT 06473. Applicants will be notified via standard mail or email regarding application status.

Scholarship Application Checklist:

- ☐ Review Scholarship Eligibility Criteria and check percentage requested
- ☐ Complete Scholarship Application
- ☐ Provide at least one letter of recommendation from applicant's school
  - If not in school, letter of recommendation may be provided by a service provider
- ☐ Provide copies of latest tax return documentation
- ☐ Sign Certification Statement
- ☐ Mail application with all applicable signatures, letters of recommendations and tax documentation to: Bethany Luna, Executive Director, 17 Cannonball Road, North Haven, CT 06473

Financial Eligibility Criteria

The sliding scale uses your adjusted gross annual family income to determine your scholarship eligibility. Financials are required annually.

Family Adjusted Gross Income	Eligibility	Scholarship Award Details*
Less than $45,000	100% Scholarship	100% of a one year cost
$45,001 - $60,000	75% Scholarship	75% of a one year cost
$60,001 - $75,000	50% Scholarship	50% of a one year cost
$75,001 - $90,000	25% Scholarship	25% of a one year cost

*Scholarship awards include monthly membership fee unless covered by DDS or Medicaid

Bethany Leapley ASD Scholarship Fund
17 Cannonball Road, North Haven, CT 06473
ASDScholarship@gmail.com
www.bethanyleapleyasdfund.org

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Scholarship Application

Applicant Information (Please print)		
Applicant name:		
Birth date:	Age:	Sex:
Address:		
City:	State:	Zip:
School:		Grade:
Parent / Guardian name(s):		
Address (if different from above):		
City:	State:	Zip:
Phone(s):	E-mail:	

Based on the Financial Eligibility Criteria, the applicant requests the following scholarship award (**check one**):

☐ 100% ☐ 75% ☐ 50% ☐ 25%

For Office Use Only

Application Approval

_____ _____

Executive Director Date

Disbursement Approval

_____ _____

Treasurer Date

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www.bethanyleapleyasdfund.org

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Letter(s) of Recommendation

Letter(s) of recommendation provided by:		
Name:	School/Facility:	Phone:
Service provided to patient:		
Date(s) of service:		
Name:	School/Facility:	Phone:
Service provided to patient:		
Date(s) of service:		
Name:	School/Facility:	Phone:
Service provided to patient:		
Date(s) of service:		

Certification Statement

I hereby certify that all the information reported on the Bethany Leapley Autism Spectrum Disorder Scholarship Fund application is true and complete to the best of my knowledge. I recognize that the Board may request information regarding their scholarship applicants. I fully agree to members of Bethany Leapley Autism Spectrum Scholarship Fund Board to contact listed individuals. I authorize the release of the requested financial and personal information for the purpose of being considered for this award. By signing below, I fully agree to the one-year ASD Fitness Center membership terms.

Applicant's name printed: _____

Applicant's / Guardian's signature: _____ Date: _____

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