



The Autism Resource Foundation

<http://theautismresourcefoundation.org>

The Autism Resource Foundation Application for Support

Name of Applicant:	
Address of Applicant	
	Street Apt #
	City State Zip Code
	Home phone Cell Phone
	Email address
Amount Requested:	
Brief description of need to be fulfilled by support:	
Name and point of contact of Service Provider if requesting services:	

References

Please provide two references with no more than one family member (the other being former employer, teacher, minister, neighbor, etc.) whom we may contact if necessary.

Reference #1	
	Name and Relationship to you
	Street Apt #
	City State Zip Code
	Home phone Cell Phone

Reference #2	
	Name and Relationship to you
	Street Apt #
	City State Zip Code
	Home phone Cell Phone

Volunteer Information.

The Autism Resource Foundation recognizes that many families do not have financial resources but have talent and energy which can be used to help us provide resources and advocate on behalf of families facing the burden of ASDs and PDDs. Although not a requirement or discriminator to receiving support, we do ask if the receiver of any support can make any contribution to help others in need of support. Please check and reply to all that apply:

I can answer phones at The Autism Resource Center	<input type="checkbox"/>
I can work booths at Autism Conferences	<input type="checkbox"/>
I can work from home (addressing mail-outs, etc)	<input type="checkbox"/>
I have the following skill sets (web page designer, Microsoft Office, etc):	
Other areas from which to make a contribution of time or resources:	
I am not in a position to volunteer at this time	<input type="checkbox"/>

Please provide in the space provided below, a justification for this request.

Please submit your request for support to admin@theautismresourcefoundation.org or fax to (256) 534- 3060.