

Jack's Family Grant Fund

Application

First and Last Name of Applicant: (parents name if applicant is under 18)

Please list telephone number and email address:

Please list the member(s) of your family with autism:

Age of individual living with autism: Age of 2nd individual:(if applicable)

Please describe your current hardship you are experiencing which led you to apply for Jack's Family Grant:

Are you or anyone in your family currently employed?

YES NO

Please explain your employment outlook and status:

What is your family's current annual income?

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Is anyone in your household receiving federal or state assistance?

YES NO

If the above was answered "YES" please provide a brief explanation:

What are your total monthly expenses?

What Grant amount are you requesting from the JT Fortin Foundation for autism? (\$500 per child with autism; Max of \$1,000 for two children)

What will the funds be used for?

If selected to receive a Grant, payment to your chosen vendor will be made via check and then mailed directly to the vendor. The turnaround time for this is approximately two weeks after the JT Fortin Foundation has awarded Jack's Family Grants.

Please indicate Vendor to who the check will be made Payable:

Please indicate your agreement with this process:

YES NO

Please mail applications to: JT Fortin Foundation for Autism, 4 Alder Street, Windham NH 03087; or email to info@jtfortinfoundation.org no later than May 31, 2018.