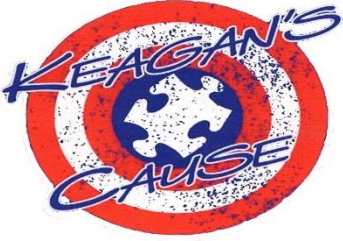


Grant
Application



Keagan’s Cause is a non-profit organization founded in Worthington, Minnesota by parents and individuals living with autism on a daily basis. Our mission is to help meet the needs of children and families affected by autism. We aim to increase public awareness about the day-to-day issues faced by an individual with Autism Spectrum Disorder and enhance the daily function of those in need.

Families who wish to receive assistance, must reside within a 60 mile radius of Worthington and complete this application and submit required supporting documents.

Children under the age of 21, who have been educationally or medically diagnosed with Autism Spectrum Disorder, are eligible to apply for funds. Funds are awarded on a case by case basis. Keagan’s Cause, Inc. reserves the right to decline any application and/or ask for any additional information regarding the application.

We accept applications at any time during the year. Based on the needs, we may fill requests for items immediately.

In order to help as many families as possible, we will disperse funds according to current monies available at the time of the review. Parents will be notified if their application request has been granted.

(PLEASE PRINT)

Parent’s Name: _____

Marital Status: _____

Child’s Name: _____

Child’s Birth Date (MM/DD/YY): _____

Address: _____

Home Phone: _____ Cell Phone: _____

E-Mail: _____

Please Attach Proof of Diagnosis

(This is required in order to be considered for a grant.)

Proof of child's physical disability in the form of a letter from the child's physician, therapist, social worker or a copy of the child’s current IFSP or IEP.

Please List Item(s) You're are Requesting:

Why will this item be necessary or improve the daily functioning of your child? Please be as specific as possible. Provide detailed descriptions of specific item(s) you are requesting. For example providing a catalog name and page number or internet links. If necessary, attach additional information to this application.

Approximate Cost of Item(s): _____

Any additional information you would like us to know: _____

Parent Signature: _____ Date: _____

Completed applications may be emailed to keaganscause@gmail.com

Date Received: _____	Office Use Only	Grant Awarded: _____
Date Reviewed: _____		Amount Granted: _____