



Autism Enrichment of Texas – STEM Scholarship Application

Empowering young minds through STEM opportunities

Applicant Information

Child's Full Name:

Child's Date of Birth:

Parent/Guardian Name(s):

Email Address:

Phone Number:

Home Address:

Preferred Method of Contact:

☐ Phone ☐ Email ☐ Text

Autism Diagnosis

Date of Autism Diagnosis:

Diagnosed By (optional):

Briefly share anything you'd like us to know about your child's strengths, challenges, or personality (optional):



STEM Activity Details

Name of Program/Class/Camp:

Organization or Provider:

Website or Contact Info of Provider (if available):

Start Date:

End Date:

Location (in-person or online):

Please describe the STEM activity and how it will benefit your child:



Financial Information

Total Cost of Program:

Amount You Are Requesting:

Have you applied for or received other financial assistance for this activity?

☐ Yes ☐ No

If yes, please explain:



Additional Information

Is there anything else you'd like us to consider when reviewing your application?



Attachments (if applicable)

Please attach:

- Program brochure or flyer (if available)
- Invoice or cost estimate
- Proof of autism diagnosis (can be a doctor's note, IEP, evaluation report, etc.)



Signature

By signing below, I affirm that the information provided is accurate to the best of my knowledge.

Parent/Guardian Signature: _____

Date: _____

email to -> info@autismenrichmenttx.org