



*Anchor of Hope Foundation, Inc.*

www.anchorofhopefoundation.com

## Scholarship Application

**Please complete checklist on this page to make sure you have included everything in your application and mail it to:**

**Anchor of Hope Foundation, Inc.,**

**41 West Johnston Street,**

**Forsyth, Georgia 31029**

**Or fax it to: (478) 994-0439**

**If you have more than one child with autism spectrum disorder or developmental disability living with you, you will need to fill out an application for each child.**

**As part of its application review process, Anchor of Hope may request additional information from the applicant including financial information.**

\*If you need assistance filling out this application or if you have any questions please give us a call at (478) 994-0438.

### **APPLICATION IS NOT COMPLETE WITHOUT THE FOLLOWING FOR EACH APPLICANT:**

- I have attached a proof of diagnosis for applicant.
- I have completed the Proposal Summary which includes:
  - Description of service or equipment requested
  - Cost breakdown
  - Contact person, company and address for service provided or website/company that equipment is requested from
  - Goals that the provision of the service/equipment will accomplish for the applicant
- I have read and signed the Privacy Policy
- I have read and signed the Release and Waiver of Liability
- I have read and signed the Publicity and Photo Release
- Signature on application with constitutes that everything submitted is accurate and truthful.



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LAST NAME OF APPLICANT: \_\_\_\_\_

## **Scholarship Application**

### **APPLICANT INFORMATION:**

Scholarship recipient's Name (Last, First)

Diagnosis:

(Please also attach proof of diagnosis from a medical health care professional. Please note we do not accept IEPs as proof of diagnosis)

Age: \_\_\_\_\_ Date of Birth (mm/dd/yyyy): / / Gender:  Male or  Female

Race (Optional): \_\_\_\_\_

### **PARENT/GUARDIAN INFORMATION:**

Parents/Guardians Name (If applicable, or person filling out application): \_\_\_\_\_

Home Address (Street): \_\_\_\_\_

(City): \_\_\_\_\_ (State): \_\_\_\_\_ (Zip): \_\_\_\_\_

County: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Cell/Other Telephone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

How did you hear about our Financial Scholarship Program? \_\_\_\_\_

Date Submitted: \_\_\_\_\_

Have you ever received assistance from AOH before?  Yes  No

If so, please note the amount, for what, and when \_\_\_\_\_

All information submitted to AOH shall remain **confidential**. Please note that, pursuant to Georgia and Federal Law requirements, AOH reserves the right to review your use of awarded funds to ensure any approved grant was used for its intended purpose.

I certify that the information on this form is true and complete to the best of my knowledge

Applicant agrees to cooperate with the Board of Directors or the Grant Committee Representative regarding this grant application by providing additional information that may be required, including financial information.

Applicant understands that the activities funded by the grant may involve hazards to the applicant. Although Anchor of Hope may fund these activities, Anchor of Hope does not prescribe, approve or supervise the activities in any way. Applicant expressly and specifically assumes the risk of injury or harm in any activities, and releases Anchor of Hope from all liability for injury, illness, death, or property damage resulting from the activities

Signature (by typing my name I signify it as my legal and binding signature).

Date

**Proposal Summary:** (Attach extra sheets of paper if more space is needed)

**Description of Goods/Services Requested \***

Please be as specific as possible and provide detail information which will allow us to process the request more efficiently. Please provide Provider/Vendor Name, Address, Contact Person, Cost of Item and Item Number if applicable:

**Total Amount of Funds Requested and Cost Breakdown\***

Please note we are only able to award up to \$250 per person per calendar year. In cost breakdown please list how much the scholarship will provide in the total cost. It also helps the board to have an invoice from the service provider for the services/goods that are being rendered:

Have you sought funding from other sources? If yes, please list:

Have you received funding from other sources for this request? If yes, please list from whom:

What goal(s) do you hope to accomplish through the provision of this therapy, service, or equipment?

Please provide any additional information you believe would assist the grant committee in its decision.

Will you be willing to return a questionnaire to the foundation which will be a follow up of your experience with the provider of the supplemental care scholarship and whether your goals were met?

Yes     No

Are you willing to submit a picture of the applicant so that we can share your story (only first name) with  
*Anchor of Hope Foundation, Inc. Financial Scholarship Program Application*

our supporters?  Yes  No

**ANCHOR OF HOPE FOUNDATION**  
**PRIVACY POLICY**

Consent for Use and Disclosure of Confidential Information

Anchor of Hope is a charitable grant-making organization whose mission is to support persons with autism and their families in their home and community settings. We care deeply about your privacy.

Whenever you provide information about yourself or your family to Anchor of Hope, you hereby consent to allow Anchor of Hope to view and use the information that you share with us, including but not limited to any confidential information such as financial information or health care information. By acknowledging this Privacy Policy where indicated in the application, you understand and agree that Anchor of Hope will share that information with our directors, officers, employees, volunteers and attorneys as needed to take action on your application; however, we do not share this information with anyone in our organization who does not need it in order to process your application. If your application is approved, we may also need to share some portion of your information with third persons in order to fulfill the grant, but we do not share this information with anyone who does not need the information in order to take action to fulfill the grant.

We will not sell or share your information to any third person so that they can independently market their own products or services to you. We may share your information with governmental agencies, regulatory bodies and law enforcement agencies to the extent necessary to comply with applicable laws or valid legal processes.

We may retain your information in our files for internal record-keeping purposes, but we make no commitment to retain or store this information for any purpose whatsoever. Although Anchor of Hope will use reasonable efforts to protect this information from disclosure to unauthorized persons, Anchor of Hope will not be held responsible for unauthorized access by third persons, theft or criminal behavior by third persons or accidental release of this information.

By acknowledging this Privacy Policy where indicated in the application, you are granting permission to Anchor of Hope to call your home or other alternative number and leave a message containing confidential information on a voicemail or in person, may mail or email you in reference to any items that assist the Foundation in carrying out requests for service, payments or any items pertaining to your application for support or the fulfillment of any grant or support provided by the Foundation, including follow up to your clinical care.

By sharing information with Anchor of Hope and by acknowledging this Privacy Policy where indicated in the application, you hereby consent to be bound to the terms of this Privacy Policy. Anchor of Hope may make changes to this Privacy Policy at any time by posting those changes to its website. Any such changes will become effective as soon as they are posted to the website.

I, \_\_\_\_\_ agree to the terms and conditions of  
Anchor of Hope Foundation's Privacy Policy.

Signature (by typing my name I signify it as my legal and binding signature).

Date

**ANCHOR OF HOPE FOUNDATION**  
**RELEASE AND WAIVER OF LIABILITY**

**PLEASE READ CAREFULLY! THIS IS A LEGAL DOCUMENT THAT AFFECTS YOUR LEGAL RIGHTS!**

This Release and Waiver of Liability (the “Release”) is executed as of the application date by the applicant (the “Grant Recipient”) or the parent or legal guardian of the Grant Recipient, in favor of Anchor of Hope, a Pennsylvania nonprofit corporation and its directors, officers, employees, and agents. The Grant Recipient has applied for a grant from Anchor of Hope to engage in activities funded through an award by Anchor of Hope (the “Activities”). The Grant Recipient understands that the Activities may include physical activities, exposure to hazardous conditions and other circumstances that may result in personal injuries.

The Grant Recipient hereby freely, voluntarily and without duress Releases Anchor of Hope under the following terms:

1. **Release and Waiver.** By acknowledging this Release and Waiver where indicated in the application, Grant Recipient does hereby release and forever discharge and hold harmless Anchor of Hope and its successors and assigns from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, that arise or may hereafter arise from Grant Recipient’s Activities with a vendor or service provider funded through a grant by Anchor of Hope.

**GRANT RECIPIENT UNDERSTANDS THAT THIS RELEASE DISCHARGES ANCHOR OF HOPE FROM ANY LIABILITY OR CLAIM THAT THE GRANT RECIPIENT MAY HAVE AGAINST ANCHOR OF HOPE WITH RESPECT TO ANY BODILY INJURY, PERSONAL INJURY, ILLNESS, DEATH, OR PROPERTY DAMAGE THAT MAY RESULT FROM GRANT RECIPIENT’S ACTIVITIES FUNDED THROUGH A GRANT BY ANCHOR OF HOPE, WHETHER CAUSED BY THE NEGLIGENCE OR WILLFUL CONDUCT OF ANCHOR OF HOPE OR ITS OFFICERS, DIRECTORS, EMPLOYEES, OR AGENTS OR OTHERWISE. GRANT RECIPIENT ALSO UNDERSTANDS THAT ANCHOR OF HOPE DOES NOT ASSUME ANY RESPONSIBILITY FOR OR OBLIGATION TO PROVIDE FINANCIAL ASSISTANCE OR OTHER ASSISTANCE, INCLUDING BUT NOT LIMITED TO MEDICAL, HEALTH, OR DISABILITY INSURANCE IN THE EVENT OF INJURY OR ILLNESS.**

2. **Medical Treatment.** By acknowledging this Release and Waiver where indicated in the application, Grant Recipient does hereby release and forever discharge Anchor of Hope from any claim whatsoever which arises or may hereafter arise on account of any first aid, treatment, or service rendered in connection with the Grant Recipient’s Activities funded by a grant from Anchor of Hope.

3. **Assumption of the Risk.** Grant Recipient understands that the Activities may involve work that may be hazardous to the Grant Recipient, including, but not limited to, physical activities, exposure to hazardous conditions, or other circumstances that may result in personal injuries, and transportation to and from the Activities’ sites. By acknowledging this Release and Waiver where

indicated in the application, Grant Recipient hereby expressly and specifically assumes the risk of injury or harm in the Activities and releases Anchor of Hope from all liability for injury, illness, death or property damage resulting from the Activities.

4. Insurance. Grant Recipient understands that Anchor of Hope does not carry or maintain health, medical, or disability insurance coverage for any grant recipient. Each Grant Recipient is expected and encouraged to obtain his or her own medical or health insurance coverage.

5. Governing Law; Validity. By acknowledging this Release and Waiver where indicated in the application, Grant Recipient expressly agrees that this Release is entitled to be as broad and inclusive as permitted by the laws of the Commonwealth of Pennsylvania and that this Release shall be governed by and interpreted in accordance with the laws of the Commonwealth of Pennsylvania. Grant Recipient also agrees that in the event that any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release, which shall continue to be enforceable.

6. Grant Recipient Under 18. If the Grant Recipient is younger than 18 years old, then the person acknowledging this Release and Waiver where indicated in the application hereby certifies that he or she is the parent or legal guardian of the Grant Recipient and does hereby give this Release and Waiver without reservation on behalf of the Applicant.

I, \_\_\_\_\_ agree with the terms and conditions of Anchor of Hope Foundation's Release and Waiver of Liability.

\_\_\_\_\_  
Signature (by typing my name I signify it as my legal and binding signature).

\_\_\_\_\_  
Date

**ANCHOR OF HOPE FOUNDATION**  
**PUBLICITY AND PHOTO RELEASE FORM**

By acknowledging this Publicity and Photo Release where indicated in the application, I hereby grant to Anchor of Hope the absolute and irrevocable right and unrestricted permission to use the name, likeness, image, voice, and/or appearance of the Applicant as such may be embodied in any photos, video recordings, audiotapes, digital images, and the like, taken or made on behalf of Anchor of Hope or its partners and affiliates. I agree that Anchor of Hope has complete ownership of such material and can use said material for any purpose consistent with the mission of Anchor of Hope. These uses include, but are not limited to, videos, publications, advertisements, news releases, websites, and any promotional or educational materials in any medium. I acknowledge that the Applicant will not receive any compensation for the use of such images, video, likeness, etc.

By acknowledging this Publicity and Photo Release where indicated in the application, I hereby release and discharge Anchor of Hope, and its agents, representatives and assigns, from any and all claims and demands arising out of or in connection with the use of the Applicant's name, likeness, image, voice and/or appearance, including any and all claims for invasion of privacy, right of publicity, misappropriation or misuse of image and/or defamation.

By acknowledging this Publicity and Photo Release where indicated in the application, I represent that I am at least 18 years old and that I have read the foregoing and fully understand its contents. If the Applicant is younger than 18 years old, then I hereby certify that I am the parent or legal guardian of the Applicant and do hereby give my consent without reservation to the foregoing on behalf of the Applicant.

By acknowledging this Publicity and Photo Release where indicated in the application, I agree that this release shall be binding upon me and my heirs, legal representatives and assigns (and in the case of an Applicant that is younger than 18 years old, upon the Applicant and his heirs, legal representatives and assigns). This agreement is made and entered into under the laws of the Commonwealth of Pennsylvania and shall be governed and interpreted in accordance with the laws of the Commonwealth. This agreement embodies the entire agreement of the parties. No modification of this agreement shall be of any effect unless it is made in writing and signed by all of the parties to the agreement.

I, \_\_\_\_\_ agree with the terms and conditions of Anchor of Hope Foundation's Publicity and Photo Release agreement.

\_\_\_\_\_  
 Signature (by typing my name I signify it as my legal and binding signature).

\_\_\_\_\_  
 Date