

Jack's Place for Autism  
"Jack's Dollars" Scholarship Peer Partner Application

Please Print or Type

Peer Partners Name \_\_\_\_\_  
First Last

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_

Sex: M F

Address: \_\_\_\_\_  
Street # P.O. Box City State Zip Code

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

\*Do you wish to be on our mailing list? \_\_\_\_\_

Parent or Guardian Address (if different from applicant)

Address: \_\_\_\_\_  
Street # P.O. Box City State Zip Code

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

\*\*\*Information provided is confidential & restricted to Jack's Place for Autism use only.

Applicants Name: \_\_\_\_\_ \*\*\*\*\* Attach a separate application for Applicant\*\*\*\*\*

Organization or Institution Hosting the Program or Camp: \_\_\_\_\_

Name of Program/Camp: \_\_\_\_\_

Contact Person & Phone Number: \_\_\_\_\_ Program Email: \_\_\_\_\_

Address of Program: \_\_\_\_\_

Program Start Date: \_\_\_\_\_ Completion Date: \_\_\_\_\_ Cost of Program: \_\_\_\_\_

CERTIFICATION

*Applicant must read and sign below to be eligible for consideration.*

I understand that my application and approval by Jack's Place are not final and that eligibility and criteria will be in the sole discretion of Jack's Place.

I certify that all information provided is complete and accurate to the best of my knowledge.

I give consent, in accordance with the Family Education Privacy Rights Act to allow academic/enrollment information to be released to the appropriate parties to be used to verify eligibility for this scholarship.

I certify that I have read this application and certification and accept all conditions.

I acknowledge that if I receive any money from Jack's Place to offset the costs of any program or activity that I will not consider the provision of such funds as an endorsement of such program or activity by Jack's Place.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Jack's Place for Autism**  
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**PAYMENT OPTIONS**

Please Check One

\_\_\_\_\_Participant pays in full, when proof of payment is received at Jack's Place for Autism office, i.e. cancelled check or receipt of payment from provider. Jack's Place will reimburse you up to 80% of program cost up to \$400.00 per individual per calendar year upon proof of completion of program.

\_\_\_\_\_Jack's Place will issue a check to the program provider for up to 80% of cost up to \$400.00 per individual per calendar year, so that you may enclose payment with program application.

Once approved, check will be available for pickup at our office at 17360 W. 12 Mile Road, Suite 200, Southfield, MI 48076 or mailed if out of area.  
Please advise, call 248-443-7427

**PLEASE ATTACH THE FOLLOWING:**

\_\_\_\_\_ Completed "Jack's Dollars" Scholarship Application

\_\_\_\_\_ Completed Application for Program/Camp

Have you participated in this program in the past? \_\_\_\_\_

Have you applied for "Jack's Dollars" Scholarship in the Past? \_\_\_\_\_

Why have you considered applying for this scholarship? \_\_\_\_\_

How did you hear about this scholarship? \_\_\_\_\_

**RELEASE AND WAIVER OF ALL CLAIMS**

The undersigned releases and discharges Jack's Place, its successors and assigns, and its respective agents, representatives, members of its Board of Directors, officers, and employees, from any and all claims, causes of action, liabilities, obligations, demands, damages, actions, expenses, and costs of every kind and nature whatsoever, whether arising in law or in equity, which the undersigned and/or the undersigned child and/or legal dependent may have arising out of, in connection with, or in any way relating to any program for which scholarship funds may be received.

Further, the undersigned waives any and all claims, causes of action, liabilities, obligations, demands, damages, actions, expenses, and costs of every kind and nature whatsoever, whether arising in law or in equity, which the undersigned and/or the undersigned's child and/or legal dependent may have arising out of, in connection with, or in any way relating to any program for which scholarship funds may be received, against Jack's Place, its successors and assigns, and its respective agents, representatives, members of its Board of Directors, officers, and employees.

The undersigned acknowledges that he/she has carefully read and fully understands this Release and Waiver of All Claims, and acknowledges that he/she has not relied upon any representations, statements, advice or explanations made by Jack's Place or its representatives. The terms of this Release and Waiver of All Claims are severable, and should any of the terms be deemed null, void, or inoperative for any reason, any remaining terms shall retain their full force and effect. This instrument shall be governed by, construed and enforced in accordance with the laws of the State of Michigan.

**Signature:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_