

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

1/2 pp / DOC 4

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 \$250.00 per individual per calendar year upon proof of completion of program.

OR

_____ Jack's Place will issue a check to the program provider for up to 80% of cost up to \$250.00 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 _____ A Program or Camp Brochure/Flyer provided by the program provider with description

_____ Copy of Completed Application for Program/Camp for which you are requesting funds

Have you participated in this program in the past? _____

Have you applied for "Jack's Dollars" Scholarship in the Past? _____ Have you applied for scholarship funds from the program provider? _____

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: _____