



## Summer Experience Scholarship Application

Dear 29 Acres Scholarship Applicant,

Through the generous support of donors, we are pleased to offer this Scholarship Application for families to send their young adults to the 29 Acres Summer transition Experience in 2020.

Scholarship applications are reviewed by an independent committee of supporters and partners associated with 29 Acres. Tuition scholarships do not typically exceed 50% of the total cost and may be less than that. Because of this we encourage you to register your participant at [www.29acres.org](http://www.29acres.org) and make a 50% tuition deposit to hold your spot. Space is limited. Should you be awarded a scholarship your tuition and remaining balance will be adjusted.

Please review this application acrefull and be sure to reach out if you have any questions. We are unable to consider late or incomplete applications.

Best,

Morgan McKay M.Ed. BCBA, LBA  
Director of Programs  
[morgan@29acres.org](mailto:morgan@29acres.org)  
469-970-2248



### Summer Transition Experience 2020 Pricing Information

Option 1: Day Program Mon-Fri.	\$1,150/week or \$250/day (min. 3 days/wk)
Option 2: Residential 5 days (Sun-Friday)	\$2,500/week
Option 3: Residential 7 days (Sun-Sun)	\$3,000/week

### Summer Experience 2020 Camp Dates

Session	Dates
Week 1	May 31-June 7
Week 2	June 7-14
Week 3	June 14-21
Week 4	June 21-28
Week 5	June 28th-July 5
Week 6	July 5- 12
Week 7	July 13-17 (day only)



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### Scholarship Criteria

Scholarship awards for families are based on funds available from generous donors. Scholarship funds are based on a family's financial need and will be considered for up to 2 weeks of camp. Scholarship recipients are required to help thank donors.

### Deadline

Completed applications must be received by April 1st 2020 at 5pm CST.  
**No exceptions will be allowed.**

Scholarship recipients will be notified no later than April 17th, 2020

### No Insurance or Medicaid Available

Currently, 29 Acres is unable to accept private insurance or Medicaid funding for Summer Experience

### Additional Funding Sources

ACT Today Grant Program <https://www.act-today.org/our-funds/autism-care-today/>

Local Faith-based or community based organizations such as:

<https://www.thehuckleberryfoundation.com>

Do your own fundraiser: <https://www.gofundme.com/c/fundraising-ideas>

All registrations are subject to the 2020 - 29 Acres Summer Transition Experience Agreement



## Scholarship Application

**Must be Completed in Full**

**Please print clearly and e-mail to [Morgan@29acres.org](mailto:Morgan@29acres.org) or mail to our mailing address: 29 Acres 4516 Lovers Lane #129 Dallas TX 75225**

Participant Name \_\_\_\_\_ Age: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Week being applied for (circle 1)

Week 1 \_\_\_\_\_ Week 2 \_\_\_\_\_ Week 3 \_\_\_\_\_ Week 4 \_\_\_\_\_ Week 5 \_\_\_\_\_

Week 6 \_\_\_\_\_ Week 7 \_\_\_\_\_

If granted 1 week, it will be one(1) 5-day residential. If granted 2 weeks, it will be one (1) 7-residential followed by one (1) 5 day residential



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Adjusted Gross Income (AGI) for your household (please provide copies of last 3 years of tax returns): (check one)

- Less than \$20,000
\$20,000-\$39,000
\$40,000-59,999
\$60,000-\$79,000
\$80,000-99,000
\$100,000-119,000
More than \$120,000

Please list any additional household contributions. IF the applicant is financially supported in whole or in part by a non-household adult or agency, contributions from these parties must be included. Examples include, but are not limited to, Child support, alimony, pensions, retirement, trusts, social security, respite, private education funding. Health insurance benefits, SSI, workmans comp, unemployment benefits.

Table with 2 columns: Source, Annual Amount. Three rows for listing contributions.

How many family members does the above amount support?
\_\_\_\_\_



Please calculate amount of aid needed:

- |                                     |          |
|-------------------------------------|----------|
| A. Cost of Program Session          | \$ _____ |
| B. Amount of tuition family can pay | \$ _____ |
| C. Total aid amount requested       | \$ _____ |

Please explain below why you are requesting financial aid. Be sure to include exceptional circumstances such as unemployment, unreimbursed medical expenses, and any other factors that will help us make a fair decision. Attach additional paper if more space is needed.

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I certify that the above information is true and correct to the best of my knowledge. 29 Acres may verify the information on the application by requesting official information.

Printed Name: \_\_\_\_\_

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

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