



## Santiago & Friends | Family Center for Autism

8617 East Colonial Drive, Suite 1100

Orlando, FL 32817

Phone: 407.895.0801 - Fax: 407.895.0803

[info@santiagoandfriends.com](mailto:info@santiagoandfriends.com) | [www.santiagoandfriends.com](http://www.santiagoandfriends.com)

### Santiago & Friends | Family Center for Autism iPad Grant Application

Thank you for your interest in the Santiago & Friends | Family Center for Autism's iPad Grant. We are able to provide this opportunity to the community thanks to revenues created by [Once Loved, Again | Resale Boutique](#) (our vocational program for adults with autism) and the [LATINO OPEN](#) Golf Tournament. An independent committee will review all submissions to Santiago & Friends. Being a client of Santiago & Friends does not increase chances of being selected. Please complete this application in its entirety.

#### Parent/ Caregiver Information:

|                                      |  |
|--------------------------------------|--|
| Date Completed:                      |  |
| Parent/ Caregiver First & Last Name: |  |
| Email:                               |  |

#### iPad Recipient Information:

|                                |  |
|--------------------------------|--|
| Grant Recipient's Name:        |  |
| Age:                           |  |
| Date of Birth:                 |  |
| County of Recipient Residence: |  |
| School District if Applicable: |  |
| Number of Siblings:            |  |

**Questions:** Please answer the following questions in their entirety.

Have you sought an iPad from other sources? Do you currently have an iPad in your home? If yes, please explain: \_\_\_\_\_

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What goal(s) do you hope to accomplish through the provision of an iPad? \_\_\_\_\_

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What educational benefits do you see from having an iPad for your child? \_\_\_\_\_

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

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By signing this application, you acknowledge:

- You have read and understand the requirements of this grant.
- The information contained in this application is true and accurate to the best of your knowledge.
- You agree 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.
- You understand that although Santiago & Friends may provide the recipient an iPad, Santiago & Friends does not prescribe, approve or supervise the activities on said device in any way. I understand I expressly and specifically assume all risks of usage.
- You understand that your application cannot be processed until you have submitted proper documentation regarding diagnosis.

As part of its application review process, Santiago & Friends | Family Center for Autism may request additional information from the applicant including financial information.

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

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

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

Completed applications must be submitted in person by January 29, 2016 by COB - 4:00 PM. No exceptions will be made to this requirement.

Please return completed application in person at:

Once Loved, Again | Resale Boutique  
8617 E. Colonial Drive  
Suite 1200  
Orlando, FL 32817