



**ZETA BETA SORORITY, INCORPORATED  
AWARD APPLICATION  
APPLICATIONS WILL BE ACCEPTED FROM APRIL 1 – APRIL 30, 2021**

Name of Parent: \_\_\_\_\_

Email of Parent: \_\_\_\_\_ Contact number of Parent: \_\_\_\_\_

Name of Child(ren): \_\_\_\_\_

Name of School: \_\_\_\_\_

City and State of School \_\_\_\_\_

Does your child have Autism?    YES    NO

Does your child have a finalized IEP with the school district?    YES    NO

Are you willing to participate in autism video? (Not required to receive award)    YES    NO

If awarded the \$2,000 Award, how would the funds be used? (Explain in 100 words or less.)

Below are some examples of the way the funds may be used:

- Respite Care
- Community-Based Instruction (*Dining out, movies, bowling, etc. to practice activities of daily living*)
- Applied Behavior Analysis (*Private pay to an in-home behavioral therapist*)
- 1:1 Tutoring
- After-school childcare (*From a facility or private home that is trained and can handle children with special needs*)
- Purchasing sensory-friendly items for their home
- Summer camp for persons with disabilities
- Instructional technology (*iPad and apps to support learning*)
- Assistive technology (*iPad and apps to support communication*)
- Adaptive equipment (*Chairs, button-switch activated devices for communication, utensils, toileting chairs*)
- Personal care items (*Diapers, wipes, specialty foods*)

Return applications to [zetaautismawarenessdirector@gmail.com](mailto:zetaautismawarenessdirector@gmail.com)  
For partnership and program questions [causemarketing.partnerships@gmail.com](mailto:causemarketing.partnerships@gmail.com)