



MAGNIFY AUTISM INC
1806 Lurting Avenue
Bronx, NY 10461

We are a 501(c) (3) Nonprofit Organization awarding scholarships for private therapy and swim lessons to families with children on the Autism Spectrum in New York and Connecticut.



Please note, this is an application for 6 private swim lessons given by Rivertown Aquatics in Tarrytown, NY.
Each lesson is 50 minutes long. Total value of award is \$600.
Child must be between 3 and 12 years of age.
Child must be potty trained.

Application for Financial Assistance

If awarded financial assistance, it is our policy to pay our partnered providers directly, on behalf of the recipient. Please note that awards are subject to availability and the terms and conditions contained in a written agreement between the legal guardian of the recipient, Magnify Autism Inc., and the service provider, Rivertown Aquatics.

Please provide complete information to process your application

NOTE: ALL INFORMATION IS KEPT STRICTLY CONFIDENTIAL, except as otherwise noted in the written agreement and elsewhere in the application, all applicant information will not be shared with any third parties and kept confidential.

Person filling out the application:

Name: _____

Relationship to child: _____

Street
Address: _____

City, State, Zip
Code: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

E-mail
Address: _____

How did you hear about us?

Annual Household income for adults residing with the child:

\$ _____
(Please note, a copy of W2 will be required to be considered)

Applicant information:

Child's Name: _____

Child's DOB: _____

Child's Age: _____

Male _____ Female _____

Address (if different from above):

Diagnosis: _____

Date of Diagnosis: _____

Diagnosed by (Please note, a copy of the official diagnosis is required to be considered): _____

Photo/Video/Testimony Release

A contingency of being awarded financial assistance, is that you give MAGNIFY AUTISM INC and the partnered provider, RIVERTOWN AQUATICS, permission to take photo and video of your child's sessions and progress. In addition, we ask that you write a testimony on your experience with MAGNIFY AUTISM INC and RIVERTOWN AQUATICS. The purpose of this is to promote the services provided by MAGNIFY AUTISM INC and RIVERTOWN AQUATICS, such as but not limited to fundraising events, promotional purposes, for the use on Instagram, Facebook, websites, and news related purposes for MAGNIFY AUTISM INC AND RIVERTOWN AQUATICS.

Child's Name: _____

Parent's Name: _____

Parent Signature:

Date:
