



## Metro Friendship Foundation Scholarship Application

Metro Friendship Foundation (MFF) provides scholarships for individuals with Asperger Syndrome, High Functioning Autism, and related conditions to access appropriate interventions and services. Individuals interested in applying for a scholarship must complete and submit the following 2-page scholarship application form.

Scholarships are available through MFF for those who are unable to pay for social skills/recreational services. Qualified applicants may be put on a waiting list and reconsidered each quarter for up to one year. After one year, a new application is required. The application process does not guarantee that a scholarship will be provided. Scholarships will be awarded based on the availability of funds, the eligibility of the applicant, and the recommendation of the MFF Scholarship Committee.

The application form should be completed by the parent/guardian of the applicant. The application is presented to the MFF Scholarship Committee. Confidential information will only be shared with Scholarship Committee and the MFF Board as needed.

Please send the completed form to:

Metro Friendship Foundation  
2021 Pine Island Rd.  
Minnetonka, MN 55305



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Amount Requested

Organization's Official Name and Address

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How will the funds be used? *(Description of program/service provided)*

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Have you received funds from Metro Friendship Foundation before? *If yes, please explain.*

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Is the applicant participating in any other therapy? *(Please list below)*

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Does the applicant have any other supports in place? *(PCA, School supports)*

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Have you applied for county assistance? *If yes, what level of assistance are you receiving?*

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Applicant Information

Student Name:	DOB:	Age :	
Address	City	State	Zip

Diagnosis:

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Parent/Guardian Information

Parent Name	Address
Phone number	E-mail address

Briefly describe how the scholarship you wish to receive will benefit your dependent. *(Please write no more than one paragraph on the reverse side of this page.)*

Briefly describe why you need this financial help to attend. *(Please write no more than one paragraph on the reverse side of this page.)*

Include one recommendation from applicant's school teacher, administrator, physician, or social worker *(please attach).*