



Autism Association of Northeast Arkansas

1702 Stone Street, Suite A • Jonesboro, AR 72542

870.336.2786 • aanea.org • 866.691.2784

EIN 68-0644150

Application for Stipend

Name _____

Address _____

City, State Zip _____

Phone _____

Event _____

Location _____

Dates _____

Are you a parent of a child with an Autism Spectrum Disorder? _____

Are you an educator? _____ Regular Education? _____ Special Education? _____

PT _____ OT _____ SLP _____ Certified Behavior Analyst _____ Other _____

Amount requested \$ _____

Please tell us why you are requesting a stipend to the above event and why you'd like to attend the event.

How will it help you as a caregiver, family member, friend or service provider of someone with an ASD?

Please attach an itemized list of expected expenditures and/or conference brochure and registration forms.

Note:

As a condition of being the recipient of a stipend from the AANE, Inc., I understand that I/we will be expected to bring back to AANE support groups the knowledge gained and any materials given at the conferences. I understand that any monies not used in the fashion in which it was intended will be reimbursed to the association immediately. I understand that each family is allowed only one stipend per calendar year.

Signature _____