

TERMS AND CONDITIONS

After submitting the above forms please review the below and mail this signed page to Walk for Autism P.O. Box 62097 North Charleston, SC 29419

Please include your child's name on this page.

I understand that my child is eligible to receive funding only for the purpose of conducting an in-home ABA or RDI program. Approximately 20% of your application can be used toward other alternative therapies that are not covered by insurance or the PDD Waiver.

- I understand that the Walk for Autism Scholarship Fund has been established primarily for the purpose of the intervention and treatment of autism.
- I understand as the parent that the provider of services is not a family member, living in or out of the home, or a close family friend who otherwise regularly spends time in the home in regards to reimbursement.
- I understand that all monies will be dispersed equally amongst all qualified recipients within 60 days of the walk event and in accordance with the federal tax laws governing 501 (c) (3) agencies.
- I understand that Walk for Autism provides scholarships for a period of one year.
- I understand that any unused portions of my scholarship, as specified by this application, will return to Walk for Autism.
- I understand that if at any time I discontinue my ABA or RDI program, I am required to notify Walk for Autism in writing and my scholarship will return to the organization.
- I understand that I am responsible for verification and documentation of costs incurred in conducting my in-home ABA or RDI program and that I am required to submit forms specified by this application in a timely manner and in due process.
- I understand that I am responsible for filing 1099 forms as stated by the IRS for therapists and consultants who work specifically as independent contractors.
- I understand that any and all information pertaining to my application and scholarship is confidential. And does not affect scholarship allocation. Information is gathered in the event of an IRS audit.

Our mission is simple: **raise funds here, support families here, and make a difference here.** 🌱 To help us keep that promise, scholarship applicants and recipients must remain in South Carolina to be eligible for funding. If you move outside our service area, you will no longer be eligible to apply for or receive any remaining scholarship funds.

- I have read the preceding information. I understand and agree to the terms and conditions stated above.

Please print your child's name: _____

Please print your name: _____

Please sign your name: _____