



Restoring Hope In Autism: MyGOAL Inc. 2011 Family Grants

“MyGoal Inc.” is a 501(c) (3) nonprofit organization that exists to provide assistance to caregivers of individuals on the Autism Spectrum. The primary focus of MyGoal is to help families with little economic power access the same therapies and programs as those with financial capabilities.

MyGOAL Inc. is proud to offer a grant program for treatments (including vitamins and other nutritional needs) that may not otherwise be covered privately or by other third-party funding sources such as school districts, county programs, insurance, and/or other grant making entities. Although awarded to the primary care-giver, it is with the understanding that the grant will be used to benefit the individual(s) with Autism Spectrum Disorders.

MyGOAL Inc. is now accepting applications for *MyGOAL 2011 Family Grant* program. Applicants who meet the grant criteria, complete the application, and meet the deadline (**Postmarked no later than August 15, 2011**) will be considered for a grant. *MyGoal Family Grants* are based on family economic need.

\$1,000 FAMILY grants will be awarded for the following purpose(s):

1. **Medical** – To assist in paying non-reimbursable medical expenses, including first-time visit to a Defeat Autism Now (DAN) Doctor or other Autism-related specialist
2. **Nutrition** – To purchase vitamins or other nutritional supplements that are specifically designed for children with ASD.
3. **Personal Needs** – To provide personal needs for the individual with ASD.

FAMILY Grant guidelines:

Applicants must be the primary care-giver of the individual on the Autistic Spectrum and provide the following:

- Verification of Diagnosis
- Proof of household Income
- Number of dependents
- Number of dependents with Autism Spectrum Disorder
- Information about what current funding the grantee is receiving (i.e. medical)
- Short description of current family situation
- Copy of previous years' tax return
- Completed, signed and dated FAMILY Grant Application



MyGoal Inc. 2011 FAMILY Grant Application

Name of Individual(s) on Autistic Spectrum: _____

Primary Care-Giver / Applicant Name: _____

Address (City, State, and Zip): _____

Phone Number: (_____) _____ - _____

Email: _____

The following must be received by MyGoal in order to be considered for a FAMILY grant:

- Verification of Diagnosis... Attach to this form
- Proof of household income... Attach to this form
- Number of total dependents = _____
- Number of dependents with Autism Spectrum Disorder = _____
- Information about what current funding the grantee is receiving (i.e. medical) ...
Attach to this form
- No more than 250 word description of current family situation
(grant application over this word amount will not be considered)... Attach to this form
- Copy of previous years' tax return... Attach to this form
- This form (MyGoal, Inc. FAMILY Grant Application), completed, signed and dated

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- I, the applicant, am the primary care-giver of the individual(s) on the Autistic Spectrum and verify that all of the above information is true.*

Signature: _____ Date: _____ / _____ / _____

FAMILY Grant Applications must be mailed to:

MyGoal Inc.

Attn: Grant Committee

P.O. Box 531, Monmouth Junction, NJ 08852

Grant Application for awards will be made available on **June 1, 2011** and due no later than **August 15, 2011**. (postmarked). The Scholarship committee will review all applications by **September 7, 2011** and notification to scholarship recipient(s) will be mailed by **September 20, 2011**.

Faxed or e-mailed grant applications **will not** be accepted.

Incomplete grant applications **will not** be considered.

All information submitted will be kept confidential and it will be used only for purposes of reviewing application for eligibility.