



ron davis
autism foundation

rdautismfoundation.org

Facilitator Training
Scholarship Information &
Application Pack



Facilitator Training Scholarship Process

Step 1:

RDAF (Ron Davis Autism Foundation, Inc) announces that applications are currently being accepted for Davis Autism Approach and Concepts for Life Facilitator Training Scholarships, along with the date that applications will be closing: **September 15.**

Step 2:

Option A

Anyone wishing to apply emails RDAF Administration to request an application pack. admin@rdautismfoundation.org.

If you have not yet started your training, your email needs to include a copy of your resume or CV, so that we can determine which training stream you are eligible for.

Option B

Alternatively, applicant downloads Training Scholarship Application Pack from the RDAF website Scholarships page: www.rdautismfoundation.org/scholarships. In this case, if you have not yet started your training, you still need to email admin@rdautismfoundation.org with a copy of your resume or CV, so that we can determine which training stream you are eligible for.

Step 3:

Option A

RDAF Admin sends the Facilitator Training Scholarship Application Pack to the Applicant, along with the Training Stream Information Pack.

Option B

RDAF Admin sends the Training Stream Information Pack to the Applicant.

Step 4:

The Applicant returns the Facilitator Training Scholarship Application to RDAF Administrator on or before closing date for applications. **If the application is complete, Admin sends it to the Scholarship Committee.** Applications close September 15.

Step 5:

The Scholarship Committee to review each application and create a shortlist for the Board.

Please note: It will be at the discretion of the Scholarship Committee as to whether an interview will be held to gain further information to supplement the written application.

Step 6:

The Scholarship Committee will send anonymous copies of the shortlisted applications to each of the Board members.

Step 7:

The Board votes to award the scholarship (including value awarded), or not, at their meeting. Please note that the scholarship amount may cover one training step only or more than one training step, depending on a variety of factors.

Step 8:

The Scholarship Administrator emails each Applicant **by November 5**, copying the Board Chairperson, Vice President, Treasurer, and Scholarship committee, notifying them of the Board's decision. Accepted Applicants have **14 business days to confirm acceptance and undertake to enrol in the next training step within one month.** If there are any extenuating circumstances, the Accepted Applicant can apply for an extension period.

Step 9:

The Accepted Applicant emails the Scholarship Administrator advising if they accept or not. The Administrator will advise the Board Chairperson, Vice President, Treasurer, Scholarship committee, and Director of Training.

Step 10:

Within 7 business days of completion of each training step covered by the scholarship, RDAF Administrator contacts the Applicant to request their written report.

Step 11:

The written report will be sent to the Scholarship Committee for review. A short summary is prepared for the Board to review at the next Board Meeting. Names of scholarship awardees will remain anonymous if awardee wishes.

NOTES:

- Please note that the scholarship amount may or may not cover the full cost of the training.
- If the acceptance is not received within 14 business days, or if the training does not commence within one month, RDAF will withdraw the funding. The applicant can re-apply as and when a subsequent application round is announced.
- Interviews will take place virtually eg Skype, Zoom, phone.

- RDAF is not responsible for the supervision of assignments. That responsibility lies with the Supervisor under the conditions of their sub-license agreement with RDAF.
- Email is a preferred method of communication (rather than texting) to ensure accountability.



Facilitator Training Scholarship Application

I. APPLICANT INFORMATION

Please type your responses. If you need to handwrite, please print legibly.

APPLICANT NAME	SURNAME	
	OTHER NAMES	

ADDRESS			
CITY		STATE	
COUNTRY		POSTAL CODE	

CONTACT NUMBER	COUNTRY CODE				PHONE NUMBER	
EMAIL						

Previous experience of Davis methods		I have read Autism and the Seeds of Change
		I have attended a Davis Autism or Concepts for Life workshop previously – please state which workshop:
		I have completed a Davis Autism or Concepts for Life Program – please state which program:
		Other – please state:

II. SCHOLARSHIP INFORMATION

If there is not enough space provided, please continue on a separate sheet of paper.

Please check which training step(s) you wish to apply for under this scholarship application. Information on each training step is in your Training Stream Information Pack.

Davis Life Concepts for Autism Workshop

Field Assignment 1

Workshop 2

Field Assignment 2

Workshop 3

Practicum 1

Workshop 4

Practicum 2

Final Assignment

Why are you seeking scholarship assistance to complete Facilitator Training?

Why would you be a suitable recipient for a Facilitator Training scholarship?

Briefly describe your experience of/with autism.

Why do you wish to become a Davis Autism Approach and Concepts for Life Facilitator?

What particularly attracts you to the Davis Autism Approach?

How much time are you willing to commit to your training each week to ensure assignments are completed thoroughly and by the due date?

Is there any additional information you would like to share?

III. FINANCIAL NEED STATEMENT

Please include with this application, copies of the most current government tax filings for two years with your tax identification number(s) removed or blacked out.

Your currency (e.g. USD, GBP)	
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Household income	Single Income	Dual Income
Total number of family dependents		

INCOME INFORMATION	ANNUAL AMOUNT
Your annual income	
Dual annual income	
Additional untaxed income Including child support, government support, alimony	
Estimated assets Including savings, stocks, property, vehicles	
Other financial aid you receive Including grants, loans, scholarship	
TOTAL INCOME	

EXPENSE INFORMATION	ANNUAL AMOUNT
Housing	
Utilities	
Food	
Property taxes	
Insurance	
Medical Expenses	
Transportation	
Debt repayments	
Any other expenses	
TOTAL EXPENSES	

Any other information regarding income or expense you would like to provide for further consideration

WORKSHOP SCHOLARSHIP CONDITIONS

By signing below, I agree to the following:

1. If I am awarded a Workshop Scholarship, I will complete a written report provided by Ron Davis Autism Foundation, Inc. regarding how scholarship was used and how they benefitted. Board of Ron Davis Autism Foundation, its directors, officers, employees and volunteers do not accept any liability and I hold the foundation harmless for any wrongful act.
2. If I am awarded a Workshop Scholarship, I will agree to, and sign a Media Consent and Release Form (see Appendix A)

Signature	
Date	

DECLARATION

By signing below, I confirm that all of the information in this application is true and accurate, and without financial assistance, I would not be able to attend a Davis Autism Approach Workshop.

Signature	
Date	

OFFICE USE ONLY

ID Number		Date reviewed	
Approved/ Rejected		Reason	
Date Applicant notified		Approved/ Rejected by Applicant	

APPENDIX A

MEDIA CONSENT AND RELEASE FORM

1. I grant to Ron Davis Autism Foundation, Inc. (RDAF) and company's assigns, licensees and successors, the right to use my testimonial comments, image, video footage or sound recording of me for the following purposes:

Publication as in print media advertising; and/or publication on the RDAF website at www.rdautismfoundation.org; and/or publication on all RDAF social media platforms, in connection with promotion of the RDAF and fundraising campaigns.

I grant the right to use my testimonial comments, image, video footage or sound recording for the purpose listed above in all forms and media, including composite or modified representations, and waive the right to inspect or approve versions of my testimonial comments, image, video footage or sound recording used for publication or the written copy that may be used in connection with the images.

2. I grant RDAF the right to use my full name for the purpose listed above, and waive the right to inspect or approve versions used for publication:
 - o yes
 - o no – I would like my first name only to be used (please print/type the name you would like to be published)

I release Ron Davis Autism Foundation, Inc. (Company) and company's assigns, licensees and successors from any claims that may arise regarding the use of my testimonial or image, including any claims of defamation, invasion of privacy, or infringement of moral rights, rights of publicity or copyright. Company is permitted, although not obligated, to include my first name only as a credit in connection to the image, testimonial comments, video or audio recording.



RDAF Facilitator Training Scholarship Recipient Report form

To be completed and submitted to RDAF admin@rdautismfoundation.org within 7 calendar days upon completion of each training step covered by the scholarship. If there is not enough space provided, please continue on a separate sheet of paper.

What was your Scholarship used for?
(e.g. Field Assignment 1)

What did you hope to gain from this training step of the Davis Autism Approach and Concepts for Life facilitator training program?

What did you gain from this training step of the Davis Autism Approach and Concepts for Life facilitator training program?

What has changed for you as a result of this training step?

Who else has benefitted from your completion of this training step?

How will you implement this training going forward?

Would you recommend this training to others?

Please write one or two sentences about the Davis Autism Approach and Concepts for Life facilitator training program that we could publish.

If you are willing, please provide an image along with this report.

I am willing to provide a video testimonial:

Yes

No

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I release Ron Davis Autism Foundation, Inc. (Company) and company's assigns, licensees and successors from any claims that may arise regarding the use of my testimonial or image, including any claims of defamation, invasion of privacy, or infringement of moral rights, rights of publicity or copyright. Company is permitted, although not obligated, to include my first name only as a credit in connection to the image, testimonial comments, video or audio recording.

Signature	
Date	