



**ron / davis**  
**autism foundation**

[rdautismfoundation.org](http://rdautismfoundation.org)

## Workshop Scholarship Information & Application Pack



## Workshop Scholarship Process

### **Step 1:**

RDAF (Ron Davis Autism Foundation, Inc) announces that applications are currently being accepted, along with the date that applications will be closing: **April 6.**

### **Step 2:**

Anyone wishing to apply emails RDAF Administration (Caroline) to request an application pack. [admin@rdautismfoundation.org](mailto:admin@rdautismfoundation.org)

Alternatively, applicant downloads Program Scholarship Application Pack from the RDAF website Scholarships page: [www.rdautismfoundation.org/scholarships](http://www.rdautismfoundation.org/scholarships).

### **Step 3:**

RDAF Admin (Caroline) sends the Workshop Scholarship Application Pack to the Applicant.

### **Step 4:**

The Applicant returns the Workshop Scholarship Application to RDAF Administrator on or before closing date for applications, who copies it to RDAF Chairperson (Melanie), Vice President (Livia) and Treasurer (Jackie) - the current Scholarship Committee. **Applications close April 6.**

### **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 application 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 or may not cover the full cost of the workshop.

**Step 8:**

The Scholarship Administrator emails each Applicant **by May 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 attend the workshop within 90 business days. 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 Workshop Presenter, the Board Chairperson, Vice President, Treasurer, and Scholarship committee.

**Step 10:**

When the Applicant has completed the workshop, the Workshop Presenter invoices RDAF, to the attention of the Treasurer, [jackie@rdautismfoundation.org](mailto:jackie@rdautismfoundation.org) with a copy to the RDAF Administrator, [admin@rdautismfoundation.org](mailto:admin@rdautismfoundation.org). The scholarship amount is transferred within 7 business days of receipt of the invoice.

**Step 11:**

Within 7 business days of the workshop, RDAF Administrator contacts the Applicant to request their written report.

**Step 12:**

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 would remain anonymous.

**NOTES:**

- Please note that the scholarship amount may or may not cover the full cost of the workshop.
- If the acceptance is not received within 14 business days, or if the workshop does not commence within 90 business days, 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 provision of the Davis Workshop. That responsibility lies with the Workshop Presenter under the conditions of their sub-license agreement with RDAF.
- Email is a preferred method of communication (rather than texting) to ensure accountability.



## Workshop Scholarship Application

### I. APPLICANT INFORMATION

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

<b>APPLICANT NAME</b>	SURNAME	
	OTHER NAMES	

<b>ADDRESS</b>			
<b>CITY</b>		<b>STATE</b>	
<b>COUNTRY</b>		<b>POSTAL CODE</b>	

<b>CONTACT NUMBER</b>	COUNTRY CODE				PHONE NUMBER	
<b>EMAIL</b>						

<b>Previous experience of Davis methods</b>		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.*

### **Which workshop do you wish to attend?**

Davis Life Concepts for Autism (5-days)

Davis Stepping Stones (2-days)

Davis Stepping Stones 2 (1-day)

### **Why are you seeking scholarship assistance to attend a workshop?**

### **Why would you be a suitable recipient for a workshop scholarship?**

### **Briefly describe your experience of/with autism.**

### **Why do you wish to attend a Davis Autism workshop?**

**What particularly attracts you to the Davis Autism Approach?**

**How do you intend to use the knowledge gained at the workshop in your real-world setting?**

**How much time are you able to commit to putting your workshop learning into practice on completion of the workshop?**

**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
<b>Your annual income</b>	
<b>Dual annual income</b>	
<b>Additional untaxed income</b> Including child support, government support, alimony	
<b>Estimated assets</b> Including savings, stocks, property, vehicles	
<b>Other financial aid you receive</b> Including grants, loans, scholarship	
<b>TOTAL INCOME</b>	

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

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 – Jackie to look into this further re exact questions for the report. 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)

<b>Signature</b>	
<b>Date</b>	

**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.

<b>Signature</b>	
<b>Date</b>	

<b>OFFICE USE ONLY</b>			
<b>ID Number</b>		<b>Date reviewed</b>	
<b>Approved/ Rejected</b>		<b>Reason</b>	
<b>Date Applicant notified</b>		<b>Approved/ Rejected by Applicant</b>	



## 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](http://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)

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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.



## RDAF Workshop Scholarship Recipient Report form

To be completed and submitted to RDAF [admin@rdautismfoundation.org](mailto:admin@rdautismfoundation.org)  
within 7 calendar days upon completion of the workshop.

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

**What was your Scholarship used for?**

(e.g. Attendance at an online Davis Life Concepts for Autism Workshop with XX)

**What did you hope to gain from the workshop?**

**What did you gain from the workshop?**

**What has changed for you as a result of attending the workshop?**

**Who else has benefitted from your workshop attendance?**

**How will you implement what you have learned going forward?**

**Would you recommend this workshop to others?**

**Please write one or two sentences about the workshop 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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<b>Signature</b>	
<b>Date</b>	