Pathways Autism Trust
MA1148/2012; PVO039/2015
86 Taormina Avenue
Marlborough
Harare
Phone 0776741021/4
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www.facebook.com/pathwaysautismtrust
www.pathwaysuautismtrust.org

APPLICATION FOR FINANCIAL ASSISTANCE

Please note that the financial assistance offered is provided by an external donor, the German organisation **Autismus Wissen** and is subject to availability of funds and the adherence of the applicant to the terms and conditions of the donor and Pathways Autism Trust, as provided in this form.

Pathways Autism Trust / PVO
86 Taormina Avenue
Marlborough
Harare
Date: _____

Child(ren)'s Name:

_____

_____

_____

Parent's/ Guardian's Name and address/es

Name _____

Address_____

_____

_____

Town/ City

_____

Boarding or Daycare

_____

My child attends/ wishes to attend Pathways Autism Centre of Excellence (PACE) on a fulltime/ part time basis_____

Number of days per week_____

Period for which assistance is required (Note that the application is required to be renewed on a termly basis, subject to availability).

Date from _____to _____

Have you applied for financial assistance from us before? Yes/ No_____

If so, how much funding was provided?_____

GENERAL FINANCIAL INFORMATION

Fill out the corresponding sections that best describe your situation:

Are you employed? Yes/ No _____

If yes, current source of income (e.g. full time/ part time employment, own business, self employed, other)_____

Name of Employer/ business_____

Amount of monthly income from employment/ business_____

Is your spouse/ partner / other family or household member employed? Yes/ No _____

Do you or your spouse/ partner/ other family or household member earn income from any other source? _____

Total (combined if applicable) amount of monthly income from employment/ business_____

Total cash/ savings and investments _____

Approximate total of monthly expenses (food, transport, rent, electricity, water, medical expenses etc) _____

Number of family members at home_____

OTHER CIRCUMSTANCES

In the space below, please describe any other reasons or circumstances (past, present, or future) that you feel increase your qualification and/or need for financial assistance. (e.g., family circumstances, academic standing, ministry or other responsibilities;
etc.)._____

_____

_____

_____

Conditions upon Acceptance:

Parents must provide proof of payment of their contributiuon in the stipulated amount to Pathways Autism Trust before this is matched with the necessary contribution in the form of financial assistance from the donor.

Proof of income and residence, and copy of National ID/ passport/ drivers' license is required from the parent or guardian responsible for the Application and the family's contribution.

SIGNATURES

Parent/ guardian _____date _____

Trustee _____date _____

SES Representative/ other witness _____date _____