



**“Heineken with a Heart”
2015/2016 Grant Application**

Please mail completed application to: NSASA, PO Box 7472, Wantagh, NY 11793

- Ipad Grant
- Classroom Materials Grant
- Community Outing Grant

Please check off which grant you are applying for. You may only apply for one category.

Name _____

Contact Info:(**WORK** email/phone #) _____

Affiliation to Autism _____

School District _____

Name & Address of School _____

Number of Students with Autism in your class _____

Type of Class & Ratio _____

How did you hear about our grant program? _____

Please note: On a separate piece of paper, please include the names, addresses, fax numbers, & email addresses of your Superintendent, Special Education Director, Principal, Board of Education, and any other appropriate supervisors. Also, please include a photocopy of your school identification card. Applications that do not include a copy of your ID will not be processed.

3. Do you currently have an Ipad(s) in your classroom? If so, are they for individual or group use?

4. Who will be responsible for storing and programming the Ipad? Please include their name and title.

If you are granted an Ipad, the Ipad belongs to the classroom. If a teacher retires, resigns, or is terminated, the Ipad is to remain in the school classroom. These Ipad grants are not for personal use by teachers or staff members, but are to be used to support students with autism within the classroom.

CLASSROOM MATERIALS GRANT

If you are applying for the Classroom Materials grant, please answer the following questions. Please print or type your answers. Use additional paper if necessary. Please note: Grants will range from \$250 to \$500. Gift cards may be awarded to grant recipients. **Please select items from the following companies and identify your selections below:**

1. **SchoolSpecialty/Abilitations** :
https://store.schoolspecialty.com/OA_HTML/xxssi_ibeBrandPage.jsp?docName=V700732&minisite=10206
2. **Lakeshore:** <http://www.lakeshorelearning.com>
3. **FlagHouse:** <http://www.flaghouse.com>

1. Describe a typical day in your classroom. Include the schedule and daily routine of your students.

2. What materials are you interested in purchasing for your classroom? How will these materials enrich or enhance your program?

3. What are the cost of these materials? Please include as much information as possible, including vendor, exact items, shipping, etc.

If you are granted Classroom Materials, please note that these belong to the classroom. If a teacher retires, resigns, or is terminated, the materials are to remain in the school classroom. These grants are not for personal use by teachers or staff members, but are to be used to support students with autism within the classroom.

3. Does your school have transportation available to you for the purpose of community outings? If not, please indicate the cost of transportation needed for this trip.

4. How will this outing enrich your program? How do you hope your students will benefit from this experience?

NSASA GRANT APPLICATION

These Grants were made possible by our “Heineken with a Heart” fundraiser and by Mr. Jeff Abbate of the Island Park Outback Steakhouse (formerly of the Merrick location.)

Grant applications are accepted on an ongoing basis. There is no deadline, but funds are limited. Applications are reviewed quarterly. Priority is given to first time applicants.

Grant recipients will be contacted via email by a member of NSASA’s Board of Directors. PLEASE DO NOT CONTACT us in regard to your status. This will delay the processing of applications. Failure to comply with these rules will result in disqualification of your application.

Due to the overwhelming response we will be unable to respond to individual questions regarding your application. If you would like confirmation that your application was received, please send it first class with delivery confirmation. We are unable to accept applications by email or fax. All applications must be mailed to:
NSASA, PO Box 7472, Wantagh, NY 11793

**All applications remain confidential and property of the NSASA.

Name of the person completing this application

Title/Position

Signature of person completing this application

DATE:
