



HOWARD COUNTY
AUTISM SOCIETY

Scott Chernack Family Fund 2021 Application

The ***Scott Chernack Family Fund*** was created in memory of Scott Chernack, a loving father, husband, son, brother and friend. Scott's ability to make people smile was uplifting to all who met him. Scott lived every day with optimism, kindness and humor, which he generously shared with everyone he met.

Scott had a passion for golf and spent rare and cherished moments on the golf course. Scott also loved football and supported his favorite teams with the same relentless energy he used to support his family and friends. Scott understood that the need to recharge was necessary to face daily challenges experienced while caring for his son.

The ***Scott Chernack Family Fund*** recognizes dads with the special ingredients that only a Dad of a child with autism can possess.

Your donations will provide the essential nutrients that will help Dads of children with autism recharge.

If you are a Dad, or know of a Dad caring for a child with autism that possesses the right ingredients, apply today.

We want to offer a special that could include:

- Tickets to a sporting event or concert
- Round of Golf at a favorite venue
- Favorite Restaurant
- Beer Tour
- Fishing Trip
- Spa Day
- Scuba Dive Adventure

CONTACT INFORMATION:

Howard County Autism Society . info@howard-autism.org . 410-290-3466 . howard-autism.org

POLICIES & PROCEDURES
Scott Chernack Family Fund
2021 Application

1. Applications for support may be made by an individual with ASD or the individual's family who reside in Howard County, MD.
2. One gift of up to \$250 per individual will be awarded in a 12-month period.
3. All applications will be reviewed by HCAS and, whenever possible, requests will be processed within one week of receipt.
4. If approved, the applicant will be notified by the HCAS office to arrange for payment of the grant award.
5. Successful applicants are asked to provide HCAS, within 60 days of spending the grant award, a copy of receipt of purchase or other documentation (confirmation of payment) specifying how the award money was used. This documentation may be submitted by mail, email or in person.
6. If the application is declined, the HCAS Executive Director will provide rationale for denial to the applicant.

How to Submit an Application:

1. Complete the one-page application form and collect any supporting documentation.
2. Submit the form and any supporting documentation **via email** to info@howard-autism.org

QUESTIONS? Call 410-290-3466 or email info@howard-autism.org

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Name of Applicant/Dad			Date
Street Address			Phone (H)
City	State	Zip	Phone (W)
Email			Phone (C)
Nominator (If different than applicant)			Relationship to Applicant
Name of Child with Autism			
Name of Child with Autism		Age of Child and Other Information You'd Like to Share	
Requested Support <i>(Describe how you would use the financial support requested to "recharge")</i>			
Amount Requested (\$250 Max.)			
Amount Requested (\$250 Max.)	\$	Date Needed	
Basis for Requested Amount <i>(Provide a description, website URL, invoice or attach relevant documentation supporting the requested amount)</i>			
Anything else you would like us to know about yourself / Dad you nominated?			
Applicant Signature			
Applicant Signature _____			Date _____
Do Not Write Below This Line – For Office Use Only			
<input type="checkbox"/> Awarded	<input type="checkbox"/> Declined	Date	Check #
Amount \$			
<input type="checkbox"/> Purchase documentation received:			Date

Submit this form via email to: info@howard-autism.org