

STRIVE Application for Financial Assistance

Please complete the following form if you require financial assistance. Participant eligibility for financial assistance will be determined by a variety of factors including household size, annual income, statement of need, and availability of scholarships. Completion of this application does not guarantee assistance will be awarded.

Applicant's Name: _____

Date of birth: _____ Telephone Number: _____

Street Address: _____

City: _____ State: _____ Zip: _____

If you, the prospective participant, are dependent on others for financial support, please complete the primary income provider section below. If you are not listed as a dependent under someone else, please list your income below.

Primary Provider Name: _____

Telephone Number: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Annual Income (as listed on most recent federal tax return)\$_____

Family size: _____ (Include only immediate family members living in your household)

Please provide a brief statement of need:

Signature: _____

Printed Name: _____

Date: _____

I hereby certify that the information I have furnished above is true and correct to the best of my knowledge. Should my circumstances change (for instance an increase in annual income), I agree to notify the Thompson Center immediately at 573-884-6276.



Thompson Center for Autism
& Neurodevelopmental Disorders

University of Missouri