

Florida Resident Autism Spectrum Puppy Scholarship CHECK LIST

Parent's Name: _____ Child's name _____

Email: _____ Parent's Phone: _____

I, _____ am willingly submitting the following information to The Mini Aussie Company and Whitney Charisma. The information submitted may be used for scholarship application purposes only. This may include speaking with my child's primary care provider, which I have signed a medical release for.

_____ Any puppy purchased under scholarship approval may not be given or sold or another person.

_____ Any puppy purchased under scholarship approval may not be used for breeding

_____ If I am a recipient of the scholarship and decline a puppy I will have to reapply again

_____ I understand The Mini Aussie Company will not give specific reasons to applicants why they did not receive scholarship, due to privacy acts and other matters

I agree with the following terms state above: x _____

Office Use Only: The following documents have been submitted via _____ email _____ in person on _____

_____ Medical Release _____ Letter from PCP _____ Essay from parent

_____ Picture of autistic child _____ General puppy application

APPROVED

DENIED

Intake staff member name _____ Signature _____