

**Goldberger Family Endowment Fund  
for Children with Autism Spectrum Disorder  
Application**

*If you need assistance filling out this form, please contact Sharyn Effress Pesses  
at the St. Paul Jewish Federation, 651-695-3186 or [spesses@stpaulfed.org](mailto:spesses@stpaulfed.org)*

**Child Information**

Name of Child \_\_\_\_\_

Date of Birth \_\_\_\_\_

(Scholarship is available for children ages 12 months to 18 years.)

Schools Attended:

\_\_\_\_\_  
\_\_\_\_\_

Child's diagnosis and date: (Please attach current IEP; the Committee reserves the right to request the medical/psychological evaluation if more information is needed.) \_\_\_\_\_

\_\_\_\_\_

Current services received: \_\_\_\_\_

\_\_\_\_\_

Percentage of services subsidized: \_\_\_\_\_

**Family Information**

Parent/Guardian 1:

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail \_\_\_\_\_ Best way to contact this person \_\_\_\_\_ (phone, e-mail, etc)

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Parent/Guardian 2:

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail \_\_\_\_\_ Best way to contact this person \_\_\_\_\_ (phone, e-mail, etc)

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Number of people in household \_\_\_\_\_ Number of dependent children \_\_\_\_\_

Synagogue affiliation, if applicable: \_\_\_\_\_

**Assistance Request**

Please describe briefly what you are applying for (attach brochures or other materials if available):

\_\_\_\_\_  
\_\_\_\_\_

Costs \_\_\_\_\_

Have you applied for scholarship help from other sources? If yes, please list: \_\_\_\_\_

\_\_\_\_\_

Why will this be beneficial to your child?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Please attach brief supporting documentation describing the program or item you would like to have funded, a teacher or counselor's recommendation, etc.*

**Financial Information (Confidential)**

**Please provide the financial information requested below.**

Parent/Guardian 1:

Name \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Gross Annual Income: \$ \_\_\_\_\_ Marital status \_\_\_\_\_

Do you receive: Child support \$ \_\_\_\_\_ Alimony/Spousal Support: \$ \_\_\_\_\_  
(amount per year)

Parent/Guardian 2:

Name \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Gross Annual Income: \$ \_\_\_\_\_ Marital status \_\_\_\_\_

Do you receive: Child support \$ \_\_\_\_\_ Alimony/Spousal Support: \$ \_\_\_\_\_  
(amount per year)

**Special Circumstances**

Please check all that apply:

Another child with diagnosed special needs in the home

Other health concerns

Single parent household

Uninsured medical expenses \$ \_\_\_\_\_ (amount)

Recent job loss

Please describe any other extraordinary circumstances relevant to this application:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent Signature(s):

\_\_\_\_\_

Date: \_\_\_\_\_

**Application deadline March 31, 2020**

Please mail to:

St. Paul Jewish Federation

Goldberger Family Fund

Attention: Sharyn Effress Pesses

790 S. Cleveland Ave., Suite 227

St. Paul, MN 55116

Or by email: [spesses@stpaulfed.org](mailto:spesses@stpaulfed.org)

Phone: 651-695-3186