



Goldberger Family Endowment Fund for Children with Autism Spectrum Disorder Application

*If you need assistance filling out this form, please contact Ellen Konstan at
the St. Paul Jewish Federation, 651-695-3195 or ekonstan@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, 2024

Please mail to:

St. Paul Jewish Federation
Goldberger Family Fund
Attention: Ellen Konstan 790
S. Cleveland Ave. Suite 227 St.
Paul, MN 55116

Or by email:

ekonstan@stpaulfed.org

Phone: 651-695-3195