



Date Received _____

Island Autism Group 2016 Educator Request for Funding

The Island Autism Group (IAG) is a non-profit organization that supports children 3–21 years of age who need specific accommodation, modifications and supports to access the general curriculum or activities typical of children their age. Our mission is to fund comprehensive therapeutic services, activities and programs, hard goods and equipment for educational growth and development of children with significant disabilities, to further integrate them into society. To also fund seminars, speakers and workshops that advance and educate parents, teachers and caregivers of children who do not fully participate in inclusive programs due to their disabilities. The Board of Directors meets regularly to determine allocations of funds.

Name of Educator: _____

Name of School: _____

Population Served: _____

Phone: _____ Email: _____

Equipment or Service Requested: _____

Cost of equipment/service: _____

Total Requested: _____

**Please attach a statement of no more than two pages briefly telling us how your request meets the purpose and spirit of our mission, as stated above.*