Hussman Center for Adults with Autism

College Autism Peer Support (CAPS)

Jill Fox Memorial Fund Financial Award Application

Section I: Program Information

The Hussman Center’s College Autism Peer Support (CAPS) Program is designed to address the unique social-emotional and executive functioning challenges that students with autism may experience. This program includes key supports designed to optimize opportunities and reduce stressors for Towson University students with autism, thus allowing the CAPS student to more readily use their skills and talents and address their goals associated with being a college student.

Section II: Jill Fox Memorial Fund Financial Award Information

Financial awards up to $3000 per year; 50% of the award will be offered per semester

CAPS Program

• 1 ½ hour weekly group meetings with peers, mentors and professional staff to provide one another with mutual support and to facilitate a strong sense of community.
• 1 hour/week with an undergraduate student mentor who provides peer support to continue working on goals, acclimating socially and accessing campus resources

Additional Support Services on an as needed and approved basis

Section III: Requirements for Jill Fox Memorial Fund Financial Award Eligibility

1. Admission to Towson University as a degree seeking or non-degree seeking student for the Spring 2019 semester.
2. Acceptance into the CAPS Program for the Spring semester, including student commitment to participating in the CAPS program including participating in the meetings, activities, and documentation involved with the program.
3. Official status as a resident of the State of Maryland for the semester of the award.
4. Documented diagnosis of autism or autism spectrum disorder from a mental health professional qualified to make the diagnosis. Provide documentation directly to the Hussman Center for Adults with Autism.
5. Completion of the standard Free Application for Federal Student Aid (FAFSA) www.fafsa.ed.gov

Note: Per the Family Educational Rights and Privacy Act (FERPA), applicants must provide the TU Financial Aid Office with authorization to release financial aid need data to the Hussman Center for Adults with Autism’s CAPS Program Jill Fox Memorial Fund Financial Award review committee. Please see authorization below.

6. If granted a Jill Fox Financial Award for Spring 2019, the applicant must agree to provide a short statement at the end of the semester about the benefit of receiving the award. The applicant must agree that some of their feedback may be shared with individuals at the Jill Fox Memorial Fund and others involved with the awards program (name omitted upon request).
Section IV: The Jill Fox Memorial Fund Financial Award Determination Process

1. Applicants complete the standard Free Application for Federal Student Aid (FAFSA) and assure that it is available to the Towson University Financial Aid office. The award review process will use the FAFSA information for the Fall 2018-Spring 2019 year.

2. Financial need will be determined through Towson University’s Financial Aid Office’s review based on the student’s Expected Family Contribution (EFC) from their FAFSA and his/her projected educational costs and other aid for the academic year.
   - If the student is enrolled (or will be enrolled) as a degree seeking student at Towson University his/her educational costs will be calculated based on two semesters of CAPS program costs, plus the standard federal financial Cost of Attendance budget for their degree program minus any other grants, scholarships, tuition waivers, or other non-loan financial aid that he/she is receiving to help pay those costs. For the Jill Fox Memorial Fund Financial Awards, student loan recommendations will not be included in determining “unmet financial need” for University expenses.
   - If the student is a non-degree seeking student, his/her financial need will be calculated based upon educational costs associated with two semesters in the CAPS program.

3. If unmet financial need is determined to exist, a Jill Fox Memorial Fund Financial Award will be offered of up to 80% of the CAPS program cost but not to exceed the dollar amount of the unmet need. The maximum award for the Spring 2019 semester is $1,500 for CAPS programming.

Section V: The Jill Fox Memorial Fund Financial Award Allocation Process

Once an award is made, the student will be notified of the award amount via email and letter from the Hussman Center. Award funding for the semester will be applied to the cost of the program for that semester. The student will be billed for the balance of the cost of the CAPS program by the Institute of Well-Being business office. The total number of awards made will be dependent upon the number of applications and the level of financial need of students who apply.

Note: Verification of acceptance into the CAPS program, enrollment as a Towson University Student AND of official status as a Maryland resident is required EACH semester.
Jill Fox Memorial Fund Financial Award Applicant Information

Last Name:_____________________________________ First Name:____________________________

Towson University Student Identification Number: ________________________

Address:______________________________________________________________________________

City:________________________________ State:________________________ Zip:_________________

Cell Phone:___________________________________ Home phone:_____________________________

Email:________________________________________________________________________________

Communication Authorization

Please list persons to whom we may disclose/send information and reports to regarding financial matters such as your CAPS program financial costs, financial awards, and balance owed:

Name:_________________________________________ Email:_________________________________

Mailing Address:________________________________________________________________________

Name:_________________________________________ Email:_________________________________

Mailing Address:________________________________________________________________________

Name:_________________________________________ Email:_________________________________

Mailing Address:________________________________________________________________________

Signature:____________________________________ Date:___________________________

If applicant has a legal guardian, their signature is required below:

Guardian Signature:________________________________ Date:___________________________
Hussman Center for Adults with Autism  
College Autism Peer Support (CAPS) Program  
Jill Fox Memorial Fund Financial Award Application: Student Verification of Criteria

The following criteria must be fulfilled to be eligible for this Award.

Name of Applicant: __________________________________________  Date: ____________________

1. **Admission to Towson University as a Degree Seeking or Non-Degree Seeking Student**  
   (verified each semester with University staff) Complete only for current semester.

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<th>Fall</th>
<th>Spring</th>
<th>Full Time</th>
<th>Part Time</th>
<th>Year</th>
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2. **Acceptance into the College Autism Peer Support Program for the Semester**, including student commitment to participating in the CAPS program and commitment to the meetings, activities, and documentation involved with the program (verified each semester by CAPS Program Manager)

   Circle for current semester:

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<th>Fall</th>
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3. **Official status as a resident of the State of Maryland** (verified each semester with University staff)

   Circle only for current semester.

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<th>Spring</th>
<th>Yes</th>
<th>No</th>
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4. **Documented Diagnosis of Autism from a Health Care Provider**  
   (verified via documentation provided by COLA student applicant)

   I have submitted this documentation to the Hussman Center (circle):  
   Yes  No  Date:___________________

5. **Documented Financial Need** based on a modified used for calculation  
   (verified with Financial Aid Staff for academic year: Fall verification for Fall & Spring semesters OR Spring verification for Spring semester only.)

   _______ I understand that Hussman Center staff will obtain this information.
   Initials

   __________________________________________________________  _________________  
   Student Signature (if own legal guardian; include parent if parent is guardian)  Date
Assurance of Providing Statement of Benefit

Participants who receive this financial award will be required to provide feedback about the benefit of the financial award which will be shared with the donor and may be shared (with names upon student and guardian approval) with other prospective donors to the Jill Fox Memorial Fund Financial Award fund. By signing below, you agree that if you receive a Jill Fox Memorial Fund Financial Award, you will provide feedback about the benefit to you at the end of the semester.

Signature: ______________________________________ Date: __________________________

If applicant has a legal guardian, his/her signature is required below:

Guardian Signature: ______________________________________ Date: ______________________

Authorization for Release of Information

The Family Education Rights and Privacy Act (FERPA) prohibits Towson University (TU) from disclosing information to parents, guardians, or any other individuals without authorization from the student. By signing below, I authorize the TU Financial Aid Office to release my financial aid data, student account (billing record) data, and tuition residency status to the Hussman Center for Adults with Autism’s Jill Fox Memorial Fund Financial Award review committee for the purposes of considering my Jill Fox Memorial Fund Financial Award application.

Restrictions

I understand that this authorization only applies to information related to my financial aid and student financial account. I understand that my authorization will remain in effect until I resubmit this form to deactivate or revise my authorization.

I understand that I may revoke or revise my authorizations at any time, but that it may take up to one week for TU to revise outgoing email correspondence authorizations.

I authorize the Towson University Financial Aid Office to disclose information related to my student financial aid and student financial aid application to the Hussman Center for Adults with Autism’s CAPS Program Jill Fox Memorial Financial Award review committee.

Certification Statement

By signing this application, I certify that this information and supporting documents are accurate and true. I understand that I must meet requirements outlined in this document. I understand that if I have not been truthful in any aspect of this process, I will be ineligible for any funds. If awarded, I give TU Financial Aid Office my permission to speak with staff of the Hussman Center for Adults with Autism and the Institute for Well-Being regarding my academic status, financial aid status and financial aid award.

Signature: ______________________________________ Date: __________________________

If applicant has a legal guardian, his/her signature is required below:

Guardian Signature: ______________________________________ Date: ______________________

Questions: You may contact the Hussman Center for Adults with Autism at 410.704.4486 or via email at hcaa@towson.edu. Completed applications and supporting documents can be emailed to hcaa@towson.edu, dropped off to the Hussman Center for Adults with Autism at One Olympic Place, Room 200 Towson, MD 21204, or mailed to the Hussman Center at 8000 York Road, Towson, MD 21252-0001.