

## Application for Butchikas Foundation Scholarship

Directions: The Butchikas Foundation Scholarship is a need based scholarship that helps cover the costs of consultations, parent training, assessments, one-on-one therapy and writing treatment plans. Percentage of costs covered will be determined by financial need, parental involvement, and necessity of services for the child. **Families will be required to pay for a portion of the services they receive in the form of a monthly co-pay as determined by financial hardship.** All families who would like to receive services from FSU-ECAP are encouraged to apply for this scholarship. Please fill out the following form and return it to:

**FSU ECAP**  
**4750 Collegiate Drive**  
**Panama City, FL 32405**

You must read and acknowledge the guidelines on page 2. If you have any questions please contact us at 850-770-2241 or [ndickens@pc.fsu.edu](mailto:ndickens@pc.fsu.edu)

### Child's Information

Child's Full Name: \_\_\_\_\_ Called: \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: M F

Child's Diagnosis: \_\_\_\_\_ Date Diagnosed: \_\_\_\_\_

\*Funding Sources: Medicaid Tricare BCBS (State: \_\_\_\_\_) Other: \_\_\_\_\_ None

Have you completed an application for services with ECAP? YES NO\* (\*Required)

Special Circumstances—Please describe special circumstances we should consider:

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## Parent/Guardian Information

| Demographic  | Mother's Information | Father's Information |
|--|----------------------|----------------------|
| <b>Name</b>  |                      |                      |
| <b>Street Address</b>  |                      |                      |
| <b>City/State/ Zip</b>   |                      |                      |
| <b>Mailing Address</b>   |                      |                      |
| <b>City/State/ Zip</b>   |                      |                      |
| <b>Email</b>   |                      |                      |
| <b>Home Number</b>   |                      |                      |
| <b>Cell Number</b>   |                      |                      |
| <b>Work Number</b>   |                      |                      |
| <b>Employer</b>  |                      |                      |
| <b>Occupation</b>  |                      |                      |
| <b>Job Title</b>   |                      |                      |
| <b>Work Number</b>   |                      |                      |
| <b>Earned Income*</b>  |                      |                      |
| <b>Number of Family Members in (each) Household (if applicable):</b>               |                      |                      |
| <b>Child Lives with:   ( ) Both Parents   ( ) Mother   ( ) Father   ( ) Other:</b> |                      |                      |

*\*Attach Copy of pay stub, W-2, or other supporting information*

**When applying for the Butchikas Scholarship, applicants acknowledge the following:**

- To obtain and hold the Butchikas Foundation Scholarship, parents agree to arrive on time to sessions, attend a minimum of one parent training per month, and collect assigned data.
- Failure to participate could result in ineligibility for this scholarship.
- As behavior analysts, we strive to equip the family/caregivers with the necessary skills to effectively teach the client in their natural environment.
- This scholarship is designed to be a financial starting point until families can acquire other funding sources or insurance coverage for behavior analytic services.
- \*Families who acquire health insurance that is eligible for reimbursement of services are not eligible for the scholarship and must work to transfer services to their insurance policy.
- Families agree to pay a pre-determined portion of their services in the form of a monthly co-pay.
- Failure to submit financial documents (w-2, tax information, pay stubs, etc) is considered an incomplete application and will not be processed.

**Acknowledged:** \_\_\_\_\_ (Parent/Guardian Signature) **Date:** \_\_\_\_\_