



**2017 Disney Dream Come True** (3 pages)  
**Application Deadline - May 20, 2017**

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Disney Dream Come True trip includes the following: 4 night stay at one of Disney Worlds value hotels, 3 one day park tickets per person, and \$120 per person Meal Credit.

Dates of Trip –TBA Fall/Winter 2017

PAF's Dream Come True Trip is for family who could not otherwise afford to make this trip and who have never been to Disney before.

Parents Names: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

List Children's Full Name: Does this Child have autism?

Name: \_\_\_\_\_ Yes      No

Name: \_\_\_\_\_ Yes      No

Name: \_\_\_\_\_ Yes      No

Name: \_\_\_\_\_ Yes      No

Name: \_\_\_\_\_ Yes      No

Gross Yearly Income: \_\_\_\_\_ (per most recent tax return)



Please explain why this trip would benefit your family? Please write on back of this page if additional space is needed.

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Please list one teacher and one outside person that can contest to your financial need and to the needs of your child.

Teachers Name: \_\_\_\_\_ Number: \_\_\_\_\_

Second Contact: \_\_\_\_\_ Number: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Please include the following:

- Two letters of recommendation - why they feel your family deserves this trip, confirmation regarding your financial need, and that at least one of your children has autism.
- Copies of your 2016/2017 Taxes  
OR notarized letter stating that you have no income.
- Photo of your family for marketing purposes (optional).



Mainly due to logistics, PAF is only able to take a restricted number of families to Disney World each year. Space is very limited and approval will be on a first come basis, pending income approval and background checks. Please make sure you have all the information we are requesting included on your application. Also, be sure to submit prior to the deadline (MAY 20, 2017) – note that we are not able to accept applications after the deadline.

I hear by swear that everything I have stated is true and accurate to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

We are looking forward to a Magical Trip!!

Sincerely,

*Shelley Reilly*

CEO Parker Autism Foundation

For Office Use only                      Date received: \_\_\_\_\_

Application completed correctly:	YES	NO
Responsibility Form Completed:	YES	NO
Trip Approved:	YES	NO

If child received scholarship/scholarships last year did family fulfill scholarship Volunteer hours on time?

Yes                      No

Total Amount Approved for: \$ \_\_\_\_\_

Approving Board members Signature: \_\_\_\_\_