



Dear participant,

Please find attached the request for financial assistance for the Son-Rise Program® training courses organized by Optim'Autisme. Money should not be a barrier to helping our extraordinary children!

Before requesting financial assistance, to help you to finance your training course, we strongly encourage you to start fund-raising, for example by creating a crowdfunding campaign using HelloAsso (instructions on our [website](#)) or another crowdfunding platform if you do not live in France, and asking your contacts to contribute either financially or by sharing your request. We can help you to write a letter to your contacts to encourage a maximum number of donations (please contact us or the Autism Treatment Center of America for an example fund-raising letter). We have helped many participants to raise their full tuition fee, as well as the cost of transport and accommodation, in record time. You just have to dare to ask for help. If you use HelloAsso, the money raised will be credited directly to Optim'Autisme and deducted from your tuition fee.

You can also contact companies that have solidarity programs to help you to raise the necessary funds, such as Humaid, Carrefour, etc.

If you are not able to collect your full tuition fee, we will do our best to give you financial assistance to compete your fund-raising efforts. To request financial assistance, please fill out this form and return it either by email to [OptimInscriptions@gmail.com](mailto:OptimInscriptions@gmail.com) or by post, with your registration form, to :

Optim'Autisme  
Financial Assistance Request  
40, rue Lucien Sampaix  
75010 Paris, France

Please fill out one form per participant.

Financial assistance requests are processed in order of reception, for Optim'Autisme members only. If you have not yet done so, you can join Optim'Autisme at:

<http://optimautisme.com/index.php/nous-soutenir/adherer>

With energy, excitement and enthusiasm,

The Optim'Autisme team



# Son-Rise Program® Training courses

## Financial Assistance Request



### Financial Assistance Request

Name: .....  
Title First name Family name

Address: .....  
Post code City, Country

Home telephone: ..... Mobile:.....

E-mail: .....

**Your child\* :** .....  
First name Family name  
Date of birth Diagnosis

Relationship :  Parent  Family (specify ..... )  
to child  Volunteer  Professional (specify ..... )

Course you are requesting financial assistance for: .....  
Name Dates

Date you joined Optim'Autisme for 2018<sup>1</sup> .....

#### Financial Information:

Monthly household revenues: .....

Revenue source:  Double  Single  Welfare  None

Quotient familiale CAF (for people living in France): .....

Number of children under 21 living:

Regarding your home, do you:  Own  Rent  Live with someone else

Home loan/rent: .....  
(monthly repayments)

Monthly utilities charges: .....

Other loan repayments: .....  
(monthly repayments)

Credit cards: .....  
(monthly repayments)

Non-reimbursed medical charges: .....  
(monthly repayments)

Charges for special diet: .....  
(monthly repayments)

<sup>1</sup> Only members of **Optim'Autisme** are eligible for financial assistance. Please join before making your request



# Son-Rise Program® Training courses Financial Assistance Request



Other charges (please specify)

How much can you pay for your training course .....  
(full price 1 200€ for 5 days training)

Have you started fund-raising? YES/ NO  
if so, how and what is your progress? If not, why not?

Please explain why you are requesting financial assistance:

.....  
*Date*

.....  
*Signature*