

## Scholarship Application Form OUCARES Fall 2025 Programs

This should be printed, completed, and returned to [oucares@oakland.edu](mailto:oucares@oakland.edu). It is not meant to be completed electronically. OUCARES is offering limited scholarships for families in financial need to help pay tuition toward selected programs this fall. A scholarship committee will select the recipient(s) and the recipient(s) will be notified by email.

Please note: These scholarships are for financial assistance toward the total payment for each program **Only one scholarship per participant with ASD.**

**Please check which one program the scholarship applies to:**

<input type="checkbox"/> Baseball (8+ years)	<input type="checkbox"/> Friday Basketball (10-15 years)	<input type="checkbox"/> Friday Basketball (16+ years)	<input type="checkbox"/> Saturday Basketball (6-12 years)	<input type="checkbox"/> Troy Bowling (18+ years)	<input type="checkbox"/> Farm Animal Connection and Care (10+ years)	<input type="checkbox"/> ADVANCED Farm Animal Connection and Care (10+ years)
<input type="checkbox"/> Gaming Club (10-14 years)	<input type="checkbox"/> Gaming Club (15+ years)	<input type="checkbox"/> Judo (14+ years)	<input type="checkbox"/> Movie Club (14+ years)	<input type="checkbox"/> Skills for Healthy Relationships (18+ years)		
<input type="checkbox"/> Social Connections for Adults (18+ years)	<input type="checkbox"/> Teen Social Club (12-14 years)	<input type="checkbox"/> Teen Social Club (15-18 years)	<input type="checkbox"/> Uniquely Me (18+ years)	<input type="checkbox"/> Volleyball (14+ years)		

**To apply for a scholarship:**

1. **Please submit a completed 2025 Fall Program Registration Form**
2. Complete this Scholarship Application packet in its entirety
3. Email completed forms to [oucares@oakland.edu](mailto:oucares@oakland.edu) no later than August 27, 2025

**Participant Name:**

**Date:**

**Home Address:**

**City:**

**State:**

**ZIP:**

**# of persons in household:**

**Parent /Guardian Name:**

**Phone:**

**Email Address:**

**Statement of Need: Please tell us in three sentences or less why you are applying for this scholarship.**

**By signing below I hereby represent:**

- All information I have provided in this application is correct and true to the best of my knowledge.
- I understand there are limited scholarships available and the number of participants is limited. My completion of this application does not guarantee a scholarship or placement in OUCARES programming.

**Signed:**

**Date:**

Email **no later than August 27, 2025** to:  
 Joanne and Ted Lindsay Foundation Autism Outreach Services (OUCARES)  
[oucares@oakland.edu](mailto:oucares@oakland.edu)

## OUCARES Fall 2025 - Participant Registration Form

<b>Participant Name:</b>			
<b>D.O.B:</b>	<b>Age:</b>	<b>Gender:</b>	
<b>Race / Ethnicity:</b> <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian / Pacific Islander <input type="checkbox"/> Black or African American <input type="checkbox"/> White / Caucasian <input type="checkbox"/> Multiple ethnicity / other <input type="checkbox"/> Prefer not to answer			
<b>Parent/Guardian Name:</b>		<b>Email:</b>	
<b>Home Address:</b>		<b>City:</b>	
		<b>Zip Code:</b>	
<b>Daytime Phone:</b>		<b>Evening Phone:</b>	
<b>Current Diagnosis:</b>			
<b>Have you participated in OUCARES programs previously?</b>			
<b>School District / Teacher's Name:</b>			
<b>Please tell us how you heard about OUCARES:</b>			
<b>Please list all email addresses from which your participant may access virtual programs:</b>			
<b><i>Only one scholarship per participant with ASD Please check which program the scholarship applies to:</i></b>			
<b>Program</b>	<b>Age Category</b>	<b>Registration Fee</b>	<b>Location Type</b>
Baseball	<input type="checkbox"/> 8+ years	\$100	In Person
Friday Basketball	<input type="checkbox"/> 10-15 years <input type="checkbox"/> 16+ years	\$100	In Person
Saturday Basketball	<input type="checkbox"/> 6-12 years	\$100	In Person
Bowling - Troy	<input type="checkbox"/> 18+ years	\$120	In Person
Farm Animal Connection and Care	<input type="checkbox"/> 10+ years	\$250	In Person
Advanced Farm Animal Connection and Care	<input type="checkbox"/> 10+ years	\$250	In Person
Gaming Club	<input type="checkbox"/> 10-14 years <input type="checkbox"/> 15+ years	\$250	Virtual
Judo	<input type="checkbox"/> 14+ years	\$175	In Person
Movie Club	<input type="checkbox"/> 14+ years	\$175	Virtual
Skills for Healthy Relationships	<input type="checkbox"/> 18+ years	\$250	Virtual
Social Connections for Adults	<input type="checkbox"/> 18+ years	\$175	Virtual
Teen Social Club	<input type="checkbox"/> 12-14 years <input type="checkbox"/> 15-18 years	\$175	In Person
Uniquely Me	<input type="checkbox"/> 18+ years	\$150	Virtual
Volleyball	<input type="checkbox"/> 14+ years	\$100	In Person

Email Completed Forms to [oucares@oakland.edu](mailto:oucares@oakland.edu) :

- Scholarship Application Form
- Participant Registration Form
- Participant Release and Assumption of Risk (Signature Required)
- Participant Information Form - New participants only

## Oakland University- RELEASE AND ASSUMPTION OF RISK

For: (Participant Name)

In consideration of being permitted to participate in and/or observe all or any part of the Program, including without limitation the use of facilities, equipment, grounds and/or personnel and any travel associated with the Program, Participant understands, acknowledges, agrees, represents and warrants that:

**(1) Voluntary Participation.** Participation in and/or observation of all or any portion of the Program is voluntary and Participant may refuse to observe or participate at any time.

**(2) Assumption of Risk.** Participation in and/or observation of the Program or any portion of the Program may involve risks of temporary and/or permanent bodily injury, property damage, death, and other dangers. Participant voluntarily and freely assumes all such risks.

**(3) Health and Safety.** There are no health-related reasons or problems that preclude or restrict Participant from participating in the Program. If Participant is injured during the Program, Participant will report the injury to a Program representative and a representative of Oakland University, and any medical care needed as a result of such injury will be at Participant's expense.

Oakland University and its trustees, officers, employees, students, volunteers, agents, representatives and designees (collectively, the "University") are not obligated to attend to any of Participant's medical or medication needs during the Program, and Participant assumes all risk and responsibility therefore. The University may (but is not obligated to) take any actions it considers to be warranted under the circumstances regarding Participant's health, safety and security.

**(4) Personal Responsibility.** Participant is personally responsible for any loss, injury or damage caused or suffered by Participant during the Program. The University does not guarantee Participant's safety or security during the Program. Participant agrees to abide by all rules, regulations, and policies of any organization, entity, person, or facility providing services to Participant during participation in the Program and Participant shall be solely responsible for any damages resulting from their failure to do so.

Participant is responsible for his or her own medical and other insurance, equipment, supplies, personal property, and effects during the Program. Participant will be responsible for asking questions to ensure safety and security during the Program, and will observe all rules, practices, procedures and requests which may be imposed to minimize the risk of injury while participating in the Program.

Participant will reduce the risk of injury by limiting participation to reflect his/her personal fitness or comfort level, and not ingesting or using any substance during the activity which could pose a hazard to Participant or others.

Participant also understands and acknowledges that he or she is required to comply with the University's Student Code of Conduct, Code of Student Rights and Responsibilities and all other University codes, policies, rules and regulations during the Program.

Any Participant who fails to comply with such codes, policies, rules and regulations may be removed from the Program, sent home at his or her own expense and may be subject to discipline by the University.

**(5) Waiver and Release.** Participant, individually and on behalf of Participant's family, heirs, estate, successors, assigns and personal and legal representative(s), fully, finally, irrevocably, unconditionally and forever **WAIVES, RELEASES, and DISCHARGES** the University, its trustees, officers, employees, agents, and servants, individually and in their official and personal capacities, (collectively, the "Released Parties"), of and from any and all **CLAIMS, DEMANDS, CAUSES OF ACTION, SUITS, DAMAGES, LOSSES, COSTS, CHARGES, JUDGMENTS, LIABILITIES AND RIGHTS OF EVERY KIND, NATURE AND DESCRIPTION INCLUDING WITHOUT LIMITATION, CLAIMS THAT COULD BE MADE OR ALLEGED FOR ANY HARM, INJURY, DEATH, DAMAGE, COSTS, FEES AND EXPENSES OF ANY NATURE ACTUALLY OR ALLEGEDLY ARISING OUT OF OR RELATING IN ANY WAY TO THE PARTICIPANT'S TRAVEL TO, FROM OR DURING THE PROGRAM, OR PARTICIPATION IN AND/OR OBSERVATION OF THE PROGRAM, DELAY, MODIFICATION, CURTAILMENT OR CANCELLATION OF THE PROGRAM FOR ANY REASON, WHETHER CAUSED BY NEGLIGENCE OR CARELESSNESS ON THE PART OF THE RELEASED PARTIES OR ANY OTHER CAUSE AND PARTICIPANT CONSENTS TO, AND RELEASES ANY CLAIMS RELATED TO, THE UNIVERSITY'S USE AND/OR REPRODUCTION OF ANY PHOTOGRAPH AND/OR LIKENESS OF PARTICIPANT IN UNIVERSITY PUBLICATIONS OR OTHER UNIVERSITY MEDIA, ADVERTISING MATERIALS, OR ILLUSTRATIONS.**

**(6) Indemnity.** Participant will **INDEMNIFY, DEFEND and HOLD HARMLESS** the University from any and all **CLAIMS, DEMANDS, CAUSES OF ACTION, SUITS, DAMAGES, LOSSES, COSTS, CHARGES, JUDGMENTS, LIABILITIES AND RIGHTS OF EVERY KIND, NATURE AND DESCRIPTION INCLUDING WITHOUT LIMITATION, CLAIMS THAT COULD BE MADE OR ALLEGED FOR ANY HARM, INJURY, DEATH, DAMAGE, COSTS, FEES AND EXPENSES OF ANY NATURE ACTUALLY OR ALLEGEDLY ARISING OUT OF OR RELATING IN ANY WAY TO PARTICIPANT'S ACTIVITIES, ACTS AND/OR OMISSIONS DURING THE PROGRAM, INCLUDING WITHOUT LIMITATION PERIODS OF TRAVEL.**

**(7) Signature.** Participant has carefully read and understands completely the above provisions and voluntarily signs this Release and Assumption of Risk agreement. No representation, statements, or inducements, oral or written, apart from the foregoing written statement, have been made to obtain Participant's signature. This Release and Assumption of Risk agreement will be governed by the laws of the State of Michigan which will be the venue for any lawsuits filed under or incident to this agreement or to the Program. If any portion of this agreement is held invalid, such portion will be considered severed from the agreement and the remainder of the agreement will continue in full force and effect.

**Participant's Signature:**

**Date:**

I hereby warrant and represent that I am the parent or legal guardian of the Participant. I am hereby providing permission for him/her to participate in the Program, and agree to be responsible for his/her behavior during the Program. I have read, approved and agree to this Release and Assumption of Risk Agreement in its entirety on behalf of myself and for the Participant.

**Parent/Guardian Signature:**

**Date**

# OUCARES Participant Information Form

This form is required for all new OUCARES participants.

Name of participant:

Date:

Person completing this form:

Relationship to participant:

Medical needs or concerns:

Allergies:

## Participant's Communication Includes. Check all that apply

- Typical Verbal Speech       Limited Verbal Speech       Non-Verbal  
 Sign Language       I-PAD       Other. Please explain.

## Participant's Motor Abilities. Check all that apply

- Ambulatory       Uses Wheelchair       Uses Walker  
 Other. Please explain:

Please explain any details it would be important for us to know in relation to the mobility of this participant:

## Does the individual have any fine motor challenges?

- No  
 Yes. If yes please explain:

## Is the individual independent in toileting?

- Yes  
 No. If no please explain:

Please explain the communication strategies that work best for the individual:

Do you have any suggestions to help the individual engage socially?:

## Does the individual wander or run?

- No  
 Yes. If yes please explain precautions you suggest be in place:

## Does the individual show aggression by trying to hurt him/herself or others?

- No  
 Yes. If yes, please explain the form the aggression generally takes (verbal/physical) and successful interventions to mitigate aggressive behaviors:

What type of educational program (if any) is the individual currently enrolled, and what type of support do they receive in the program?:

Please list anything that you feel the instructors should know:

Please list any supports this individual will need to be successful in our programs:

Email completed form to [oucares@oakland.edu](mailto:oucares@oakland.edu)