



2018 Scholarship Application

Applicant Information					
Applicant's Full Name:				Date:	
<i>Last</i>		<i>First</i>		<i>M.I.</i>	
Address:					
<i>Street Address</i>				<i>Apartment/Unit #</i>	
<i>City</i>			<i>State</i>	<i>ZIP Code</i>	
Phone:	()	E-mail Address:			
Sex:	Male or Female				
Parent/Guardian Name		Parent/Guardian Phone			
High School Information					
High School		High School Phone Number			
Address					
Guidance Counselor:					
Will you will be graduating in 2018?	Yes	or	No	Post-Secondary Entrance Date:	
Previous Experience (on a separate piece of paper)					
<p>1. Describe your participation in extracurricular activities:</p> <p>This can include employment, community or school based clubs/activities, sports, religious or other activities that set you apart from other applicants.</p> <p>2. List any academic awards, honors, or special accomplishments that you received during high school.</p> <p>(If selected, verification of recognitions may be requested)</p>					
Personal Statement (on a separate piece of paper)					
<p>Please pick one of the two essay questions listed below:</p> <p>If you need the assistance of a teacher or family member to complete this section, please ensure that the essay reflects your words.</p> <ul style="list-style-type: none"> • Discuss a situation when you have advocated for yourself or others. How did your advocacy efforts make a difference in your/someone's life? • Share a significant obstacle that you have been faced with, and how you overcame this adversity. 					
Please see back					

Enclosures

- *Letter verifying admission to college, university, trade, vocational, or technical school; if unavailable, please include the addresses and telephone numbers of the admissions office to which you have applied*
- *Please provide a statement of diagnosis from a physician, indicating Asperger Syndrome, Autism, or PDD-NOS.*
- *One letter of recommendation from any of the following: teacher, coach, guidance counselor, principal, employer, or clergy; explaining why you are deserving of this scholarship.*

Signature:		Date:	
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By signing this application, you give Autism Family Services of New Jersey the right to use your name in publications; if selected as the recipient of this scholarship. If you are under 18 years of age, please have a parent/guardian also sign.

For additional information, please visit www.autismfamilyservicesnj.org

All documents must be received by Autism Family Services of New Jersey by May 1, 2018 for your application to be processed. Please use separate sheets to complete the written part of this application. When you have completed the application, send the application and the supporting documents to:

Autism Family Services of New Jersey
35 Beaverson Blvd.
Building 11
Brick, NJ 08723
Attn: Melanie McGackin