



2019 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:			
Gender <i>(check one)</i>	Male		Female		
Parent's Name: OR		Phone:	()		
Guardian's Name:		Phone:	()		
High School Information					
High School:		High School Phone Number:			
Address:					
Guidance Counselor:					
Graduation Date:		College Entrance Date:			
Academic Record					
Current GPA:					
SAT Score	Total:	Verbal:	Math:		
Please see back					

Previous Experience (on a separate piece of paper)

1. Describe your participation in extracurricular activities, in employment, community activities, sports, religion or others.

2. List any academic awards or honors that you received during high school.

Personal Statement (on a separate piece of paper)

Please pick one of the two essay questions listed below:

- 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 adversity.

Enclosures

- Copy of school transcript
- Letter verifying admission to college, university; if unavailable, please include the addresses and telephone numbers of the college admissions office to which you have applied
- Please provide a statement of diagnosis from a physician, indicating Asperger's, Autism, or PDD-NOS
- One letter of recommendations from any of the following: teacher, coach, guidance counselor, principal, employer, clergy
- Copy of the 2018 parents' Federal Income Tax Return; if unavailable, please include a copy of parents' 2017 Federal Income Tax Return

I give my permission for the commercial use of photographs and text submitted to Autism Family Services of New Jersey. This permission specifically includes such use as advertising, general publication and distribution. (if under the age of 18 please have parent/guardian sign also)

Signature:		Date:	
Guardian Signature:		Date:	

All documents must be received by Autism Family Services of New Jersey by **Friday, April 26, 2019**

in order for your application to be reviewed.

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:

jmoskowitz@autismfamilyservicesnj.org