



## Scholarship Application Form

The Autism Cares Foundation Scholarship program is designed to recognize those students who have demonstrated through their actions that they have raised funds for and/or helped an individual or individuals having autism or other disabilities. Applications must be submitted to the Autism Cares Foundation by April 1<sup>st</sup> of the year that applicant is graduating/re-enrolling. Only fully completed applications will be considered. Please note that any scholarship awarded will be payable directly to the U. S. accredited College or University that has been designated on this application form to be used as a partial offset to qualified educational expenses only. This scholarship is only available to select school districts and institutions of higher learning that have entered into an agreement with Autism Cares Foundation.

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip-Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Date of birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

E-mail: \_\_\_\_\_

Name of High School/College: \_\_\_\_\_

Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip-code: \_\_\_\_\_

Name of School District: \_\_\_\_\_

Year Graduating: \_\_\_\_\_ GPA: \_\_\_\_\_

**1. Detail your academic honors & other recognition you have achieved** (attach additional sheets as necessary).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**2. Detail your extracurricular activities and include dates** (attach additional sheets as necessary).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**3. State your college course of study and your career goals** (attach additional sheets as necessary).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PO Box 180, Richboro, PA 18954-0180

[www.AutismCaresFoundation.org](http://www.AutismCaresFoundation.org)

*"The brightest stars are those that shine for the benefit of others."*

A Pennsylvania Non-profit Corporation and is a tax-exempt organization under Section 501(c)(3) of the Internal Revenue Code.

The official registration and financial information of the ACF, Inc. may be obtained from the Pennsylvania Department of State by calling toll free, within Pennsylvania, 1 (800) 732-0999. Registration does not imply endorsement.

**4. The Scholarship Committee gives careful consideration to the achievements of applicants and in particular to those applicants who have demonstrated benefits that they have bestowed upon others who have autism or other disabilities. Please detail your achievements (attach additional sheets as necessary).**

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**5. Share any other information that you believe may assist the review committee in considering your application.**

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**6. State whether you have ever been convicted of a crime. If yes, please provide details and specify any other pertinent information as necessary for us to properly substantiate the occurrence(s).**

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**7. Submit two letters of recommendation from faculty or an organization (name, position, and school name/organization and contact phone number) that describes you and share details of your helping someone with autism or another disability.**

**8. Designate the accredited U. S. College or University that would receive funds if you are awarded a scholarship from this program.**

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**9. Mail completed application form and attachments to:**

**Autism Cares Foundation – SCHOLARSHIP  
P.O. Box 180  
Richboro, PA. 18954**

The Autism Cares Foundation and the Selection Committee shall not discriminate on the basis of race, color, religion, creed, gender, age, national origin (ancestry), disability, marital status, sexual orientation or military status in any of its activities or operations. All awards are based on academic achievement and a demonstrated record of helping those with autism or other disabilities.

All documents and materials received from an applicant become the exclusive property of Autism Cares Foundation and cannot be returned. Autism Cares Foundation reserves the right to use your name and any other information submitted for promotional purposes.

\_\_\_\_\_  
(Signature of Student Applicant)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Print of Student Applicant)

\_\_\_\_\_  
(Date)

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