

2015 College Scholarship Application Guidelines

- Applicants must meet the following criteria:
 - Currently enrolled or in the process of enrolling at a college or university for the Summer 2015 or Fall 2015 semester.
 - Both online and on-campus programs are acceptable
 - Have a diagnosis of an autism spectrum disorder (medical or educational).
 - Have a high school diploma, the equivalent to a high school diploma (i.e. GED or IEP diploma, etc.), or will obtain a high school diploma or equivalent by Summer 2015.
 - Demonstrate financial need.
 - The permanent address of the applicant must be within Clinton, Franklin, and Essex counties
 for at least one year. Students who have a permanent address within these counties, but
 who are attending school elsewhere are still eligible for the scholarships.
- Three scholarships will be awarded in total:
 - Two scholarships in the amount of \$1000 (each) will be awarded to two (different) full-time students.
 - One scholarship in the amount of \$500 will be awarded to one part-time student.
- Scholarships monies must be used toward college related expenses. Monies will be made available through direct payment to the college.
 - College related expenses may include, but are not limited to:
 - Tuition & College Fees
 - Room & Board
 - Books
 - Technology (i.e. laptop, software, hardware, etc.)
 - Academic supports and supplies
- Scholarships are not to be used for costs of daily living (i.e. groceries, gas, clothing, etc.) or other non-academic materials.
- ❖ All requests will be reviewed by the Grant Committee and approved by the Board of Directors.
- ❖ Autism Alliance of Northeastern NY is not bound to approve funds for all scholarship applicants. It also reserves the right to deny a scholarship application.

Send completed application postmarked on or before July 17, 2015 to:

Autism Alliance of Northeastern NY
Attn: Grants
P.O. Box 1884
Plattsburgh, NY 12901

Please e-mail the grant committee with any questions at grants@aaneny.org.



2015 College Scholarship Application

	2015 College Scholarship Application
Applicant's Name:	
Phone Number:	
Email:	
Street Address:	
City, State, Zip:	
High School / Date of Graduation:	
College / Major / Start Date:	
Type of enrollment:	Full Time / Part Time / Waitlist / Undecided
A. What does the college experien B. What are your strengths and ch. C. What does Autism mean to you D. What do you hope to learn in c E. What part of the college experien F. What is your intended Major and G. What are your career goals and H. In what community service gro I. In what extracurricular activities Please include a c Please include a c Residency High school Acceptance Typed or he Completed	allenges (both academically and socially)? I? ollege (both academically and socially)? ence are you most excited about experiencing? Ind why did you choose it? I how will the college experience help you reach those goals? ups or organizations have you been actively involved?
be accepte	
pplicant Signature:	Date:

Date:

Parent/Guardian Signature: (If under 18)