

**AUTISM SOCIETY OF NEBRASKA  
SUPPORTING OUR FAMILIES  
2011 SCHOLARSHIP APPLICATION**

Mail to:

Autism Society – Scholarship  
PO Box 83559  
Lincoln, NE 68501-3559

Date: \_\_\_\_\_  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone # \_\_\_\_\_ Email: \_\_\_\_\_

REQUIREMENTS:

- Current membership with the Autism Society of America
- Resident of the State of Nebraska
- Only one award per family per calendar year

*The goal for this program is to help individuals and the families of or persons with an Autism Spectrum Disorder meet some of their needs. We are well aware that autism is a very complex issue and each person's needs are different. Recipients of the **2011 Supporting our Families Scholarship** will be able to receive up to \$125. It is our hope that this financial assistance can be of some help in meeting those needs.*

Nature of request (how funding will be used...conference fees, respite, etc...) and description of how this will benefit yourself or your family:

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

Please check all that apply:

- Parent or foster parent of a child/adult with ASD  
 Family member of person with ASD  
 Individual with ASD  
 Other (please explain \_\_\_\_\_)

In order to help us demonstrate the importance of this program to our donors, we ask that you please provide a photo or written thank you demonstrating how these funds helped meet the needs for you or your family. Please send the thank you to: Autism Society – Scholarship, PO Box 83559, Lincoln, NE 68501-3559.

I have read the Guidelines for the Supporting Our Families Scholarship and agree to the terms.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

FOR OFFICE USE: Approved, in the amount of \_\_\_\_\_ Denied \_\_\_\_\_