



Buffalo Autism Project Student Scholarship/Grant Application

In addition to completing the application below, please include the following in your submission. Incomplete application submissions cannot be reviewed:

- Official High School Transcript,
- Completed College Transcripts (if applicable),
- Personal Statement (see below),
- Letter of Reference from a professor, school teacher, counselor, or social worker,
- Official Documentation of Autism Spectrum Disorder Diagnosis from the Licensed Professional who provided the diagnosis or a Licensed Professional currently providing services,
- Most recent IEP/504 or institution Disabilities Services plan; if not applicable, please indicate.
 - NOT APPLICABLE/NO FORMAL PLAN

Please return all required materials by December 1, 2020 to:

Buffalo Autism Project
Attn: Scholarship Committee
PO Box 476
Lancaster, NY 14086

Please type or print your answers. If application is illegible it cannot be considered.				
1.	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border-bottom: 1px solid black;">Last Name:</td> <td style="width: 5%; border: none;"></td> <td style="width: 45%; border-bottom: 1px solid black;">First Name:</td> </tr> </table>	Last Name:		First Name:
Last Name:		First Name:		
2.	Mailing Address:: Street: _____ City: State: ZIP:			
3.	Daytime Telephone Number: ()			
4.	Date of Birth: Month Day Year			
5.	High School:			

6.	Grade Point Average (GPA): _____ (On a 4.0 scale) Attach proof of GPA. Your most recent official school transcript required.
7.	Graduation date:
8.	I will be attending the following school in the <u>Spring of 2021</u> Name: Address: City/State/Zip Financial Contact Name: Proof of acceptance or current student enrollment from the above school is required prior to receipt of funds
9.	What specialty/major do you plan to pursue?
10.	How many hours of credit will you be taking per semester? _____.
11.	Estimated date of college/trade/vocational school graduation: _____
12.	Name & address of parent(s) or legal guardian(s): Name: _____ Address: _____ City, State, Zip _____ Phone Number of parents or legal guardian:
13.	List expenses you expect to incur per semester or quarter: _____.
A.	Tuition:
B.	Books:
C.	Room & Board:
D.	Other expenses:

14.	List how you would utilize the scholarship/grant funding (provide specific information and estimated associated costs):	
	A.	Tuition:
	B.	Books:
	C.	Technology:
	C.	Supplies:
	D.	Other:
Comments:		

***Use an additional sheet if you need more room to list financial information requested in items 15 and/or 16**

15.	List any academic honors, awards and memberships (Attach if preferred)
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16. List your community service activities, athletics, hobbies, outside interests, and extracurricular activities: (Attach if preferred)

18. Personal Statement

As a separate attachment, please discuss:

- your experience as a child and/or teen with an Autism Spectrum Disorder,
- the impact that this diagnosis had on your education and pursuit for higher education,
- your plans for the future.

Your personal statement does not need to be in essay format. Creative formats including videos, interviews, etc. are encouraged.

19. If you received the scholarship, would you be willing to speak and/or write something for our website on how we have helped you in your plight for success?

Yes

No

Maybe

STATEMENT OF ACCURACY

I hereby affirm that all the above stated information provided by me is true and correct to the best of my knowledge. I also consent that my picture may be taken and used for any purpose deemed necessary to promote the scholarship program.

Signature of scholarship applicant: _____ Date: _____

Signature of Parent/Guardian: _____