



AUTISM SCHOLARSHIP

HIGH SCHOOL/COLLEGE SCHOLARSHIP APPLICATION

2017

The information provided on this form will be used by the ***Kern Autism Network-Autism Society Scholarship Committee*** to select a recipient for our scholarship. It is important that you give complete details concerning your college/career plans, activities and financial information. The scholarship requirement is for a candidate who is seeking the Special Education Field or in the Career Field of working with autistic children/adults (SLP, MEDICAL, PSYCHOLOGY, EDUCATIONAL or LEGAL).

BASIC INFORMATION

Student's Full / Legal Name-

First Name:

Last Name:

Student SSN:

Student Address:

City:

State:

Zip Code:

Student Phone Number- Area Code+ Number:

Student E-mail:



AUTISM SCHOLARSHIP

Student Birth Date-

Month: Day: Year:

Please circle Gender: Male Female

Academic GPA-

To be verified by school counselor and copy of latest GPA on file submitted with application.

Schools to which you are applying:

School 1-

School 2-

School 3-

School 4-

School 5-

Major(s) You Are Considering:

In order of preference, list the major(s) you are considering (Very important for scholarship eligibility).

Major 1:

Major 2:



AUTISM SCHOLARSHIP

Career You Are Planning to Utilize This Degree:

PERSONAL DATA:

Ethnic Background (Check all that apply)

- African/American
- Asian/Pacific Islander
- Portuguese
- Filipino
- Slavic
- Swiss
- American Indian
- Italian
- Chinese
- Puerto Rican
- Hispanic
- Vietnamese
- Japanese
- Other

REFERENCES:

Please list one educator and at least one community person who would recommend you for a scholarship. Please submit 2 letters of recommendation.

Reference 1 Name (Position, Phone Number)-

Reference 2 Name (Position, Phone Number)-

SCHOOL / COMMUNITY ACTIVITIES / WORK / EXPERIENCE/SPORTS/AWARDS/ETC:

List name of clubs, etc. and years of participation. If you volunteered, list the name of organization and the number of hours, weeks and years that you volunteered. If you worked, list the company, hours per week and length of time.

School Activities / Offices Held 1: (not sports)-

School Activities / Offices Held 2: (not sports)-



AUTISM SCHOLARSHIP

Community Service / Volunteer Activities 1 (outside of school)-

Community Service / Volunteer Activities 2 (outside of school)-

Sports Participation 1-

Sports Participation 2-

School / Community Awards and Honors 1 (no matter how small) CSF, GSE, National Honor Society, Girl/Boy Scouts, 4-H, Governor's Scholar, etc.-

First generation to attend college?

Yes No

STUDENT STATEMENT:

NOTE-Done on a separate sheet typed format and submitted with application, make sure the statement is signed and dated and we have your transcripts and letters of recommendation.

DEADLINE IS MAY 1, 2017.

Submit completed application and required documentation to our office in an enclosed envelope:

Autism Society-Kern Autism Network

1712 19th Street Suite 110 Bakersfield, CA 93301

Phone: 661-489-3335 Fax: 661-489-3334 Email: kernautism@gmail.com Contact: Ramona