

2019 Milestones National Autism Conference Scholarship Application for FAMILY MEMBERS, FULL-TIME STUDENTS, and INDIVIDUALS WITH ASD

Deadline June 3, 2019 | One application per person

Milestones is committed to offering as many scholarships as possible for our conference on June 11-12, 2019 based on financial need. Scholarships will be awarded on a first-come, first-served basis. Breakfast, lunch, snacks and parking are complimentary for all attendees.

Name:

Home Address:

Email (*Each applicant must have a unique email*):

Home Phone:

Cell Phone:

Employer and Address:

I would like to attend: ☐ Tuesday, June 11 ☐ Wednesday, June 12 ☐ Both Days

I will be there for: ☐ Breakfast ☐ Lunch Dietary Needs: ☐ no dairy ☐ no gluten ☐ vegan ☐ vegetarian

For parents/guardians: ☐ I have contacted my Support Administrator at my County Board of Developmental Disabilities to see if this conference can be funded with Family Support Dollars.

We are committed to meeting the diverse needs of the autism community. Please let us know (*optional*):

Gender Identity:

Race/Ethnicity:

Registration Category	What are you able to contribute toward your registration fee? (We ask you to contribute as much as you can afford.)	
	Two Days	One Day
<input type="checkbox"/> Parent <input type="checkbox"/> Other Family Member	<input type="checkbox"/> \$80 Recommended amount (half of registration fee) <input type="checkbox"/> Other amount \$ _____	<input type="checkbox"/> \$55 Recommended amount (half of registration fee) <input type="checkbox"/> Other amount \$ _____
	<input type="checkbox"/> \$0. I have extenuating circumstances and cannot contribute anything toward my registration. <u>I will provide supporting financial documentation as requested by Milestones.</u>	
<input type="checkbox"/> Individual with ASD <input type="checkbox"/> Full-Time Student	<input type="checkbox"/> \$25 Recommended amount (half of the registration fee) <input type="checkbox"/> Other amount \$ _____ <input type="checkbox"/> \$0. I have extenuating circumstances and cannot contribute anything toward my registration. <u>I will provide supporting financial documentation as requested by Milestones.</u>	

1.) Why would you like to attend the conference? What do you hope to gain from it?

2.) Why are you applying for scholarship assistance?

3.) How did you hear about the conference?

Return this application to **scholarship@milestones.org** or fax **216-464-7602**

Children Policy: We are unable to offer child care. If your older teen/young adult is able to benefit from the sessions and sit through them without disruption, we are happy for you to submit an application for him/her.