

2019 Milestones National Autism Conference Scholarship Application for PROFESSIONALS

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:

Employer:

Employer Address:

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

Home Address:

Home Phone:

Cell:

Work:

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

Professional Development Credits Needed: ☐ Adult Services ☐ BACB ☐ CME ☐ CRC ☐ Counseling
☐ County Board ☐ Early Intervention (DD) ☐ Education ☐ Marriage & Family Therapy ☐ OT
☐ Psychology ☐ Service & Support Admin ☐ Social Work ☐ Speech (ASHA) ☐ Speech (non-ASHA)

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"/> School-Team Professional	<input type="checkbox"/> \$150 Recommended amount (half of registration fee) <input type="checkbox"/> Other amount \$ _____	<input type="checkbox"/> \$125 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"/> Other Professional	<input type="checkbox"/> \$175 Recommended amount (half of registration fee) <input type="checkbox"/> Other amount \$ _____	<input type="checkbox"/> \$150 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>	

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?

4.) We are committed to meeting the diverse needs of the autism community. Please help us by completing the following (*optional*)

Gender Identity:

Race/Ethnicity:

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