Need Based Scholarship Form

AHA Association Annual Spring Conference
Issues in Independent Living for
Adolescents and Adults on the Autism Spectrum

PRINT OUT THIS PAGE AND MAIL TO AHA

MUST BE ACCOMPANIED WITH REGISTRATION FORM

PO Box 916, Bethpage, New York 11714-0916

Insofar as we are financially able, it is our wish to give fair access to our conferences to all interested parents, students, educators working with individuals on the autism spectrum, and to those individuals with ASDs interested in attending as well.

Please check one or more of the categories below:

___ Parent or Caregiver ___ Professional___ Student ___ Individual with an ASD

Briefly describe your request for a need-based scholarship:

_____

_____

_____

_____

Conference registration fees are kept as low as possible. They cover breakfast, lunch and materials. If possible, mail a small contribution (suggested $35 per registration) to AHA Association to help cover part of our expenses. Please submit this form **WITH** your completed registration. If you are approved for a scholarship we will contact you as soon as possible. If you are not approved, your contribution will be returned. Thank you.

My contribution $_____

Name: _____

Address: _____

City, State, Zip: _____

Phone # _____ Email:_____@_____

www.ahany.org (phone: 888.918.9198)