

# Need Based Scholarship Form

## AHA Association 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

[www.ahaNY.org](http://www.ahaNY.org) (phone: 516 470-0360)

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:

\_\_\_\_\_ I am a Parent or Caregiver

\_\_\_\_\_ I am a Professional

\_\_\_\_\_ I am a Student

\_\_\_\_\_ I am an individual with an ASD

Briefly describe your request for a need-based scholarship.

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The conference registration fees are kept as low as possible and cover breakfast, lunch and all materials. Speaker and travel costs are not covered. If possible, mail a small contribution (suggested \$25 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: \_\_\_\_\_ @ \_\_\_\_\_