



**COSAC Issues in Autism Conference Scholarship Application**

A limited number of scholarships are available for COSAC's 2008 Issues in Autism Conference. Scholarships are available to individuals with autism spectrum disorders and family members who regularly care for their family member with autism. Scholarships are distributed on a first-come, first-served basis and based on financial need. There is a limit of two scholarships per family. COSAC asks that applicants contribute as much as possible to the Conference fee to ensure that the greatest number of scholarships are distributed. Please complete this application and return to COSAC by mail, fax or e-mail.

I am a: Person with Autism\_\_\_ Parent\_\_\_ Grandparent\_\_\_ Sibling\_\_\_ Aunt/Uncle\_\_\_\_\_

**Please type or neatly print**

Name: \_\_\_\_\_  
(Please list both applicant names if applying for two scholarships on the same form)

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Daytime Phone: (        ) \_\_\_\_\_ Is this a home or work number? \_\_\_\_\_

E-mail address: \_\_\_\_\_  
Please note that a response to your application will be answered via e-mail.

Number of requested scholarships: \_\_\_\_\_

For which Conference day(s) (please choose two of the three days)?

Thursday, May 15 \_\_\_\_\_ Friday, May 16 \_\_\_\_\_ Saturday, May 17 \_\_\_\_\_

Amount you are able to contribute to the Conference fee: \$\_\_\_\_\_

Please briefly describe your financial need for scholarship assistance:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Deadline:**                    **May 2, 2008**  
Return form to: COSAC/Scholarship Application  
1450 Parkside Avenue, Suite 22  
Ewing, NJ 08638  
Phone: 609.883.8100 Fax: 609.883.5509  
E-mail: barbara.wells@njcosac.org

