



## College Scholarship Application

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Address at School (if known): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_

School Applicant will attend next fall: \_\_\_\_\_

Department and Major: \_\_\_\_\_

Degree Expected: \_\_\_\_\_

What was your grade point average last semester (A=4.0)?: \_\_\_\_\_

What is your cumulative grade point average (A=4.0)?: \_\_\_\_\_

Schools Previously Attended: \_\_\_\_\_

\_\_\_\_\_

Current & Past School Activities & Honors: \_\_\_\_\_

\_\_\_\_\_

Community Activities & Honors: \_\_\_\_\_

\_\_\_\_\_

Employment Information:

Please list your employment history, including dates, starting with your most recent job. Place an asterisk (\*) before any company where your involvement was in the special education or working with people with special needs.

Company Name: \_\_\_\_\_

Title: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Company Name: \_\_\_\_\_

Title: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Company Name: \_\_\_\_\_

Title: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Company Name: \_\_\_\_\_

Title: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

I, \_\_\_\_\_ (please print name), give permission for any college or school to release to the H2H4Autism Scholarship Program any information necessary to process my application to the Program.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The information provided in my application is, to the best of my knowledge, complete and accurate, and I understand that false statements on this application will disqualify me from the scholarship.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Summary

### TO COMPLETE THIS APPLICATION, YOU MUST:

1. Send with this completed application a one page (<500 words) typed statement telling why you are applying for the scholarship, your qualifications, and your educational and career goals.
2. Send, or have sent, to the H2H4Autism Scholarship Program a certified transcript.
3. Have two individuals complete Recommendation Forms for the scholarship. At least one of these individuals should be a current teacher or school official. Be certain to remind your references to send these forms by the application deadline.
4. Send application materials in pdf format to [info@h2h4autism.org](mailto:info@h2h4autism.org). Alternatively, you can fax application to 201-483-7885 or mail completed applications to:

H2H4Autism

111 Cloverdale Ave

Paramus, NJ 07652