

Purpose

- To award scholarship to college-bound students with autism residing in the greater Sioux City region.
- Scholarship to provide funding for books, tuition, and school fees.
- Scholarship cannot be used to cover living expenses.

Eligibility

- Diagnosis of autism spectrum disorder.
- Must reside in the greater Sioux City, IA area.
- Admission to a post-secondary certificate, associate degree, bachelor degree, master degree program at an accredited college or university.
- Grade point average of 2.5 or above.

Application process

- Submit completed application including the following:
 - 2 letters of recommendation outlining benefit of continuing education and ability to maintain continued academics.
 - Letters may be from former teacher, employer, or volunteer supervisor.
 - Siouxland Autism Support Group board members are ineligible to write letters due to conflict of interest.
 - o Statement from professional able to verify medical or diagnosis.
 - Current transcripts from current school verifying GPA.
- Application and supporting documents due no later than April 1st of each year.
- Submit application and supporting documents via email to siouxlandautism@live.com.

Award Process

- \$1000 scholarship awarded annually to 2 recipients.
- Award recipients announced in May annually.
- Awards will paid in August to recipient prior to start of academic year.



Application Deadline April 1st Annually Submit application & Supporting Documents via email to

siouxlandautism@live.com

For Board Use Only: F	Received			Include	ed □Letter 1	□Le	tter 2	2 □State	ement of Diagno	sis Received	☐Transcript
		Status:	□Awarded	□Denie	d Reason of I	Denia	I				
Applicant Information											
First Name	L	ast Name			Middle Initial			Have you re ☐ Yes ☐ N	ceived this schol No	arship befor	e?
Street Address		City		State	County		Zip		Phone		
College/Program Inform	nation	(Provide	e informatio		ling post-second			ee/certifica	ate program yo	ou will be o	ompleting)
Name				De	gree/Certificate Pr	ogran	n				
Mailing address						City	/			State	Zip Code
Briefly explain intent and goals	s in entering	degree/cei	rtificate progr	am below	:						



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Applicant Name						
Academic History (Provide information rega	rding past school	ols, colleges, and	educational prograr	ns complet	ted	
Name(s)		City,		GPA		
Extracurricular Activities (List college and high school activities in which you have been involved)						
Activity		Dates			Office Held	
(List any volun	teer and comm	unity support acti	vities in which you	narticinato	d. Do not repeat from list	
Volunteer & Community Activities above)	teer and commi	unity support acti	vicies iii wilicii you	participate	u. Do not repeat from list	
Activity/Organization	R	ole	Dates		# of weeks active	
Other Awards Received (List additional awards you have received or expect to receive)						



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Applicant Name:		
Essay 1: What m	akes you the best applicant for this	s scholarship?



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Applicant Name:	
Essay 2: How will your studies benefit your personal	l/career goals?

End of Application