



Scholarship Form for Autism Society of Iowa Conferences

Name _____

Address _____

City/State/Zip _____

Phone: (____) ____ - _____

Email: _____

How will this conference benefit you?

Why are you applying for an ASI Scholarship?

Are you:

____ A person with Autism Spectrum Disorders ____ A Family Member

____ A caregiver ____ Other (please describe) _____

Have you received a scholarship from ASI before to attend a conference? _____

Is your family net income:

____ \$0-\$20,000

____ \$20,000-\$40,000

____ \$40,000-\$60,000

____ \$60,000-\$80,000

____ Above \$80,000

Please email this form to autism50ia@aol.com or mail to

ASI, 4549 Waterford Drive,

West Des Moines, IA 50265