



Vision of Hope Scholarship Application

Scholarships will be allocated based on annual fundraising activities. A diagnosis of Autism Spectrum Disorder is a requirement for this scholarship. The Board of Directors will determine the number and amounts of each scholarship.

Qualifications: Applicants must be 15-25 years of age
Have a diagnosis of Autism Spectrum Disorder/Asperger Syndrome
Have been accepted and will attend an accredited institution of higher education, vocational/technical program or a cooperative life skills program.

Return by April 30th to:

Emmanuel House, Inc
316 9th ST SE
Sidney, MT 59270
Phone: 406.480.0669

Name of Applicant: _____

Name of Parent/Guardian: _____

Name of person completing this application: _____

Applicant's Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Cell _____

E-mail: _____

Applicant's Date of Birth: _____

I am applying for a Vision of Hope Scholarship to support my attendance at:

Date of initial Autism Spectrum Disorder/Aspergers: _____

Program/Degree/Certification Sought: _____

Application Requirement Outline: See Attached

Requirements for Application

- 1. A short biography (250 words or less)**
- 2. Autism Diagnosis (i.e. Aspergers, Autism Spectrum Disorder etc. Age you were officially diagnosed)**
- 3. Essay of your story growing up on the autism spectrum. (i.e. Talents, struggles, etc.) Include your goals, hopes, and dreams for your future.**
- 4. Two letters of Recommendation. One letter of recommendation from a non-relative and one additional letter of support from a parent or guardian.**