JACOB TROTTER MEMORIAL SCHOLARSHIP 2020 ($500.00)

For Individuals on the Autism Spectrum

Requirements: Applicant must reside in our service area (Counties: Columbia, Crawford, Dane, Grant, Green, Iowa, Lafayette, Richland, Rock and Sauk). Applicant should have a medical or educational diagnosis that falls within the autism spectrum (e.g. ASD, PDD-NOS, Asperger’s, etc.). Priority will be given to current members of the Autism Society of South Central Wisconsin but membership is not required to apply. This scholarship is for any accredited post-secondary education or vocational training (college, trade program, etc.). Payment will be made directly to the school or program upon admission.

Materials needed: Applications for consideration should include the following: cover form (below), copy of high school (or current college) transcript, two letters of recommendation from people who are not family members (teacher, coach, employer, etc.), and a one page typed essay describing yourself and your career goals, including how this program of study or training fits into your plans for the future. Please share any work experience, community service, or extra-curricular activities that may be relevant to your request. Please also include whether or not you’ve already applied and been admitted into your desired program of study.

PLEASE MAIL YOUR COMPLETED APPLICATION AND SUPPORTING DOCUMENTS BY APRIL 15, 2020 TO:

Autism Society of South Central WI
437 S. Yellowstone Dr., Suite 217A
Madison, WI 53719

While the receipt of all applications will not be acknowledged, everyone will receive a reply after the scholarship is awarded June 1st. Award payments will be issued directly to the institution.
JACOB TROTTER MEMORIAL SCHOLARSHIP COVER SHEET

For Individuals on the Autism Spectrum

Contact Information:
Applicant Name: ____________________________________________________________
Mailing Address: ____________________________________________________________
                                                                                   ____________________________________________________________
County of Residence: __________________________________________________________
Telephone Number: ____________________________________________________________
Email Address: ________________________________________________________________
Date of Birth: _________________________________________________________________
Secondary Contact Name & Phone: ________________________________________________

I have included the following:
___ Cover sheet
___ Transcript (most recent high school or college)
___ Copy of enrollment confirmation
___ 2 letters of recommendation
___ Essay

Please circle a response:
Yes / No  I am a member of the Autism Society of South Central Wisconsin

Yes / No  I am comfortable having my name and portions of my application essay shared in scholarship announcements.

_________________________________________________________  ________________
Signature                                 Date