

# Autism Society of America Greater Harrisburg Area Chapter

## Conference/Workshop Request for "Financial Aid" Fund

This fund is available to provide financial support for families to attend conferences, workshops and teleconferences. In order to qualify for this fund, **you must be a member of the Autism Society of America (national level)**. We also ask that you present the information you collected and your thoughts and views on the conference, workshop or teleconference at a monthly meeting **and/or** write a short article for our next newsletter. National members will be able to have access to \$100.00 per year. You may use it in increments or all at the same time. The request will be reviewed at the next executive meeting. We will contact you by phone when it is approved. If you are approved, you will receive a check within one week after the executive meeting. We prefer to make the check payable to the conference/workshop but you can contact the treasurer to make other arrangements.

Name of the person making the request \_\_\_\_\_

National membership card # \_\_\_\_\_ Expiration date \_\_\_\_\_

Name of individual with ASD \_\_\_\_\_

What conference do you want to attend?

Subject \_\_\_\_\_

Dates \_\_\_\_\_

Location \_\_\_\_\_

How will this conference benefit the individual with ASD? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What is the amount you are requesting? \_\_\_\_\_

I would like to present the information: (x one)

\_\_\_\_\_ at a meeting Date: \_\_\_\_\_

\_\_\_\_\_ write an article for the next newsletter or website:

Date \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone # \_\_\_\_\_

Mail to:

Gr. Hbg. ASA

P.O. Box 101

Enola, PA 17025

**DO NOT FILL OUT PORTION BELOW**

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TREASURER

Gr. Hbg Area ASA check # \_\_\_\_\_ Date issued \_\_\_\_\_

Check amount \_\_\_\_\_ Signature \_\_\_\_\_

(To verify you received the check)