



**Scholarship Program Application**

**Autism Advocate Foundation Life Lessons**

P.O. Box 7061 Myrtle Beach SC 29572

**Participants Information:**

\_\_\_\_\_

First Name	Last Name	Date of Birth	School
------------	-----------	---------------	--------

\_\_\_\_\_

Medical Diagnosis

**Parent/Guardian Information**

\_\_\_\_\_

First Name	Last Name	Phone Number	E-mail
------------	-----------	--------------	--------

\_\_\_\_\_

Street Address	City	State	Zip Code
----------------	------	-------	----------

Total House Hold Income: \_\_\_\_\_

How many days will your child be able to attend the Life Lessons Program?

\_\_\_\_\_ 2 Days      \_\_\_\_\_ 1 Day

On a separate piece of paper, please describe briefly how your child will benefit from the Life Lesson's Program?

*By signing below, I certify that all information on this form is correct and true.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

=====For office use only=====

Date Received: \_\_\_\_\_ Approved: \_\_\_\_\_ Date Contacted: \_\_\_\_\_  
Program Director Signature: \_\_\_\_\_

Mail application and writing to,  
Autism Advocate Foundation PO Box 7061 Myrtle Beach, SC 29672