



## Conference Grant (Individual / Family Member / Caregiver)

The Autism Society of Nebraska is pleased to provide grant opportunities to be used to educate individuals and family members of individuals with an autism spectrum disorder.

The Conference Grant offers funding to be used for **autism specific** conferences, training, or seminars. Scholarships may be awarded to individuals with an ASD, family members, or other caregivers who have a role in the care and/or education of an individual with an autism spectrum disorder.

The Conference Grant is administered by the Autism Society of Nebraska. To be eligible for funds from the Conference Grant you must be an individual with ASD, a family member or a caregiver of an individual with an autism spectrum disorder. You must also be a member of the Autism Society of Nebraska. **Conference grants will be awarded for up to \$110.** Only one Conference Grant may be awarded per household per calendar year. Grant funds may only be used for conference registration.

Grant awards are at the discretion of the Conference Grant Committee and the Board of Directors of the Autism Society of Nebraska. Awards are based on eligibility, position, merit, and number of individuals benefiting from the training. Any deviation of criterion or process is at the discretion of Autism Society of Nebraska Board of Directors and will require a majority vote. Completion and submission of the grant application to meet the regular registration deadlines, including Board review period, is entirely the responsibility of the applicant.

Please complete the attached forms to apply for the Conference Grant.

If you are not a member, and would like to join in order to apply please visit our website at [www.autismnebraska.org/membership](http://www.autismnebraska.org/membership) for membership information.

Any questions should be directed to the Autism Society of Nebraska at 1-800-580-9279 or [autismsociety@autismnebraska.org](mailto:autismsociety@autismnebraska.org).

Thank you for your interest and support!

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Autism Society of Nebraska  
1-800-580-9279 ▪ [www.autismnebraska.org](http://www.autismnebraska.org)  
[autismsociety@autismnebraska.org](mailto:autismsociety@autismnebraska.org)  
PO Box 83559 ▪ Lincoln, NE ▪ 68501-3559

**Conference Grant**  
**(Individual / Family Members / Caregivers)**  
**APPLICATION**

Please complete the following information:

1. Completed, signed and dated **Conference Grant** Application form.
2. Please note:
  - If you have already registered and paid for the conference:  
 Proof of registration and payment is required before we can review your grant request.
  - If you have NOT already registered for the conference:  
 We will communicate payment options with you upon award. Proof of registration and payment via email, fax or mail will be required.



The Autism Society will only provide funding for autism related conferences occurring within 6 months of the application date.

**Applications must be received by the Autism Society before the last day of the month for consideration in that grant cycle.** The Grant Committee will notify you by email of their decision by the 15<sup>th</sup> day of that following month. Therefore, for those grants accepted you will need to allow at least 4 weeks for receiving your grant funding.

***Please note an erroneous, incomplete or untimely application may negate award.***

Complete this application and send along with the above information to: Autism Society of Nebraska, Attn: Conference Grant PO Box 83559  
 Lincoln, NE 68501-3559  
 Email: [autismsociety@autismnebraska.org](mailto:autismsociety@autismnebraska.org)  
 Fax: 1-800-580-9279

Applicant Name:	You are a: <input type="checkbox"/> Parent <input type="checkbox"/> Family Member <input type="checkbox"/> Individual with ASD <input type="checkbox"/> Other _____ <i>Please note: there is a separate grant application for teachers and educators of individuals with ASDs.</i>	
Today's Date:	Street Address:	
City:	State:	Zipcode:
Phone:	Email: (mandatory as this is how you will be notified)	
How many individuals with autism reside in your home?	What are their ages?	



## Autism Society of Nebraska Conference Grant (Individual / Family Member / Caregiver)

Applicant Name:	Amount Requested:
Conference Title:	Conference Date:
Is there a website for this conference? (or please attach a flyer)	Available Payment Options: (check all that apply) <input type="checkbox"/> Credit Card <input type="checkbox"/> Check <input type="checkbox"/> Invoice

Describe the setting in which you work or will be applying this education (i.e. one to one or with groups of children, school or home, etc.) You may attach up to one page for additional information.

How do you feel this conference will help you?

Other relevant information:

Applicant Signature:

Date:

Are you a current Autism Society of Nebraska member?  Yes  No

Not an Autism Society of Nebraska member? Please complete our membership application that is available online at [www.autismnebraska.org/membership](http://www.autismnebraska.org/membership). You must be a registered member of our Nebraska Affiliate in order to receive a grant. 2018 Membership is FREE!



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