



**Foundation for Empowering Citizens
with Autism, Inc.**
www.fecainc.org

**Scholarship Application
Fiscal Year July 2017 to June 2018**

Name: _____

Cell phone: _____

Email address: _____

Home address: _____

Program for which funds are requested: _____

Purpose of program: _____

Amount requested from FECA and time frame

(eg, \$500 for semester ending Dec. 30, 2017) : _____

Educational Background:

Relevant work experience:

Briefly describe your career and vocational goals:

Kindly attach a one page resume and submit to FECA P.O. Box 813 Mount Kisco, NY 10549
For questions please email: questions@fecainc.org