



**Foundation for Empowering Citizens  
with Autism, Inc.**  
[www.fecainc.org](http://www.fecainc.org)

**Scholarship Application**  
**Fall semester to receive by August 1**  
**Spring Semester to receive by December 1**

**Name:** \_\_\_\_\_

**Cell phone:** \_\_\_\_\_

**Email address:** \_\_\_\_\_

**Home address:** \_\_\_\_\_

**Program for which funds are requested:** \_\_\_\_\_

Scholarships will be sent directly to the institution, once approved. Please provide departmental title and address accordingly.

**Purpose of program:** \_\_\_\_\_

**Amount requested from FECA and time frame**

(eg, \$500 for semester ending Dec. 30, 2026) : \_\_\_\_\_

**Educational Background:**

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**Relevant work experience:**

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**Briefly describe your career and vocational goals:**

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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](mailto:questions@fecainc.org)