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

Scholarship Application

Fall semester to receive by June 1st
Spring Semester to receive by November 15th

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:

_____
_____
_____

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