



**AUTISM SPEAKS®**  
It's time to listen.

**STUDENT  
SCHOLARSHIP APPLICATION FORM**



THE UNIVERSITY of NORTH CAROLINA  
**GREENSBORO**

**Autism Speaks Family Services  
Brian and Patricia Kelly Postsecondary Education Scholarship  
Fund**

**STUDENT INFORMATION**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone # \_\_\_\_\_ Email address \_\_\_\_\_  
US citizen: Yes \_\_\_ No \_\_\_ \*If no, identify citizenship \_\_\_\_\_

**CURRENT ACADEMIC STATUS**

Incoming \_\_\_ Currently enrolled student \_\_\_  
Satisfactory Academic Standing Yes \_\_\_ No \_\_\_  
Do You Have Any Honor Code Violations? Yes \_\_\_ No \_\_\_

**EXAMPLES OF ACADEMIC SUCCESS:**

Empty box for providing examples of academic success.



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## EXAMPLES OF EXTRACURRICULAR, COMMUNITY ACTIVITY OR EMPLOYMENT:

## YOUR COLLEGE PLAN

Intended Major or Program of Study \_\_\_\_\_

Full time or Part time (planned) \_\_\_\_\_

If Part-time, state the number of credit hours in which you are enrolled \_\_\_\_\_

What are your Career Goals? \_\_\_\_\_

How do you plan to get involved on campus? \_\_\_\_\_

Some people are motivated to learn things even when they are not in school. Imagine yourself ten years from now. How will you continue to learn about things that are important to you? \_\_\_\_\_



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### ESSAY

Please provide your thoughts on what **leadership, community involvement, and civic responsibility** mean to you, and the role that college plays in helping you reach your vision of each. *Responses may be provided in one or more of the following formats: written essay, song, poem, drawing or other artwork, article, short script, etc. As noted earlier in the instructions, if you use artwork or videos, you must provide a scanned-in copy or provide the link to that work as an attachment to the application.*

*My signature indicates that I am aware that I am applying for a scholarship to assist me with participation in a program of study at The University of North Carolina at Greensboro, and that all information provided in this application is accurate. If I am awarded this scholarship, I am aware that I will need to provide documentation as to how and where my scholarship money will be spent, and that I will provide a testimonial to the funder regarding the impact of the scholarship. I verify that I have an ASD diagnosis and that I am 18 years of age.*

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