



METROWEST CHAMBER OF COMMERCE
DOUG FLUTIE, JR. FOUNDATION FOR AUTISM SCHOLARSHIP APPLICATION
FORM

High School _____

Administered by the

MetroWest Chamber Educational Foundation, Inc.

1671 Worcester Road, Suite 301
Framingham, MA 01701

The MetroWest Chamber of Commerce DOUG FLUTIE, JR. FOUNDATION FOR AUTISM Scholarship was established to assist public or private high school seniors with an autism or autism spectrum disorder diagnosis who reside in the MetroWest area and wish to continue their education beyond high school, whether in college, vocational or technical schools. Awards will be up to \$1,000.

Students that meet the following criteria are eligible to submit a scholarship application:

- a. Resident of the MetroWest/495 area of Massachusetts (Ashland, Bellingham Dover, Franklin, Framingham, Holliston, Hopedale, Hopkinton, Hudson, Marlborough, Medfield, Medway, Milford, Millis, Natick, Northborough, Sherborn, Southborough, Sudbury, Wayland, Wellesley, Westborough or Weston)
- b. High School (Public or Private) graduating senior, with a grade average of B or better;
- c. Demonstrated financial need (documentation such as a FAFSA will be required);
- d. Autism or autism spectrum disorder diagnosis.

Candidates who are related to any officer or director of the MetroWest Chamber of Commerce, or who are related to any member of the scholarship committee will not be eligible.

Applications may be obtained from your school Guidance Office. Applications must be postmarked no later than April 5, 2019.



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Application and Submission Process

Checklist of required documentation:

- A completed application form. Please type or print.
- A brief personal letter stating why you are applying for this scholarship.
- Any special qualifications that you may have.
- The Student Aid Report from a current, completed FAFSA form including W-2 forms for parent(s) or legal guardian(s).
- A complete transcript of your secondary school record including non-academic activities.
- A letter of recommendation from your High School Guidance Counselor or Principal.

Please give all of your documentation to your Guidance Counselor and ask him or her to add your transcript and a letter of recommendation and mail by April 5, 2019, to: MetroWest Chamber Educational Foundation, Inc., 1671 Worcester Road, Suite 301, Framingham, MA 01701.

Full Name _____
(Last) (First) (Middle)

Home Address _____
(Street) (Town) (Zip Code)

Contact Info _____
(Telephone) (Email)

Name and address of college/university, vocational or technical school you plan to attend, with complete mailing address:

Estimate of yearly cost of tuition, board, room, etc.: _____

Latest secondary school attended (with dates):

Estimate the following funds you will have available for your first year.

(a) From parents (guardian) _____ (c) From own savings/summer earnings _____

(e) From other sources (specify) _____

Total _____

The Student Aid Report from FAFSA must accompany this application.

The above information is correct to the best of my knowledge.

_____ Date

Signature(s) of Parent or Legal Guardian

If any of the above information should change materially prior to the announcement of the scholarship winners, it is your responsibility to notify us immediately, including if you should decide to go to a different school.