

APPLICATION FOR

Connecticut Families for Effective Autism Treatment (CT FEAT)

Nancy Leahy-Shea Memorial ABA Scholarship

This scholarship supports Connecticut autism professionals pursuing education and training opportunities in applied behavior analysis (ABA). Preference will be given towards those who indicate an intention to pursue certification by the Behavior Analyst Certification Board (BACB; see requirements at www.bacb.com) or other specialized autism certification that includes training in ABA.

Applications will be reviewed quarterly (March, June, September and December). Awards are contingent on the quality of the applications and the availability of funds. Scholarships typically average about one thousand dollars but lesser or greater amounts will be considered. Scholarship recipients may reapply for additional funding in subsequent semesters.

Please submit all applications by email (info@ctfeat.org), with "Professional Scholarship" in the subject line and addressed to the attention of the CT FEAT Scholarship Committee.

SECTION I PERSONAL INFORMATION

Name _____

Street Address _____

City State Zip _____

Phone _____ - _____ - _____

Email _____

Date of Birth: ____/____/____ Social Security # ____/____/____

SECTION II PROPOSED USE OF SCHOLARSHIP FUNDS

Name and Address of Institution Where You Plan to Study: _____

Name of Course(s): _____

Date the Course(s) Take Place: _____

Cost of Course(s): _____

SECTION III PROFESSIONAL REFERENCES (2)

1. Name _____

Organization _____

Address _____

Phone
Numbers _____

Email _____

2. Name _____

Organization _____

Address _____

Phone Numbers _____

Email _____

SECTION IV PARENT REFERENCES (2)

Please note: These references should come from the parents of children with whom you have worked.

1. Name (s) _____

Email _____

Phone Numbers _____

2. Name (s) _____

Email _____

Phone Numbers _____

SECTION V PRIOR ABA TRAINING

Please list any courses, conferences, workshops and other training programs you have attended relative to applied behavior analysis in autism intervention.

1. Name of Program or Presentation _____

Presenter _____ Date (Approximate) _____

2. Name of Program or Presentation _____

Presenter _____ Date (Approximate) _____

3. Name of Program or Presentation _____

Presenter _____ Date (Approximate) _____

4. Name of Program or Presentation _____

Presenter _____ Date (Approximate) _____

SECTION VI OTHER SOURCES OF FUNDING

Is funding for BACB approved coursework available through your employer? _____

If "Yes", please explain: _____

SECTION VII RESUME AND COVER LETTER

Please supply a resume and a cover letter describing your current professional situation in detail (behavior therapist, classroom teacher, paraprofessional for children with autism, etc.). Tell us briefly about your previous work experience with children with autism, why you feel you are a good candidate for this award, and how this award will help you attain your professional goals.

Once your application is received, you will get an email confirmation of receipt.

I, _____, confirm that I am currently employed in good standing, by _____ . All information provided on this application (form and attachments), and in my resume, is accurate and complete.

Signature: _____

Date: _____

If you have further questions about the application process, please contact CT FEAT at info@ctfeat.org.