

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 in applied behavior analysis (ABA).

Application deadlines are July 15th, November 15th, and April 15th, with awards being made for the fall, spring and summer semesters. Scholarships typically average about one thousand dollars. 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](mailto:info@ctfeat.org).