

Winston's Wish Education Series Scholarship Fund Application

Name _____

Address _____

Phone _____ Email _____

Please circle one:


I am the Parent Sibling Extended Relative Not Applicable of a child with autism.

Please circle one:

I am an Educator Physician Speech Pathologist Line Therapist BCBA Physical Therapist Occupational Therapist
Early Interventionist Service Coordinator Other: _____ for a child with autism.

I would like to apply for a scholarship for _____ workshop.

Please tell us why you would like to attend this workshop:



Is there anything else you would like for us to consider while reviewing your application?

Please mail the application form and two letters of recommendation to:

Winston's Wish Foundation Scholarship Fund • 709 Woodrow Street, Suite 522 • Columbia, South Carolina 29205.