



Application Form

Name:
First M.I. Last

Birthday:

Address:
Street

Street 2

City State Zip Country

Email:

Phone:

Please identify how you heard about the Michael Lorenzen Foundation:

Please attach the following documentation to be considered:

- 1) A letter of recommendation from a teacher or therapist.
- 2) A letter from a doctor or therapist confirming your diagnosis of Autism.
- 3) A copy of your school transcript as well as you college acceptance letter.
- 4) Your application essay. Your essay should be approximately 600 words and should address your answer to the **one** of the following questions:
 - A. What does it mean to you to be going to college?
 - B. What was your biggest accomplishment in school?
 - C. What do you see yourself doing in 10 years and why is that your goal?

Applications will be accepted from September 1st thru January 31st.
Those that have been awarded funding will be notified by May14th.

Please mail application and additional materials to:
Michael Lorenzen Foundation: Applicant Submissions
21 Partridge Drive
Exeter, Rhode Island 02822