



Family Conference Grant Application

Submission date: _____

Name(s): _____

Address: _____

City : _____ Zipcode: _____

Phone number: _____ e-mail: _____

Please notify me of grant by e-mail: _____ Please notify me by mail _____

Conference Title: _____

(attach completed Conference registration brochure)

Grant Amount requested: _____

(maximum \$250.00 / per person attending for registration fee only; funds can not be applied to ancillary expenses or CEU's . Limit one conference / person /year)

Conference Date/Time and Location: _____

Address: _____

City and State: _____

The fee will be paid directly to the conference vendor. Applicant must secure a W-9 from vendor and submit to ARCCM 4 weeks before event for payment to be made. There is a fixed amount allocated for this program. Applications will be considered on a first come, first served basis.

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