



## 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.

**71 Sterling Street , West Boylston, MA 01583**  
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