

NATIONAL CONVERGE AUTISM SUMMIT 2025

Converge Autism Summit Scholarship Application

Date:
Sponsor Name:
Sponsor Email:
Applicant Name:
Applicant Email:
Applicant Home Address:
Applicant Phone Number:
Best Description:
Individual on the spectrum
Parent of a child on the spectrum
Extended family member of an individual on the spectrum
How did you hear about The National Converge Autism Summit:



In two to three paragraphs, please detail what you hope to gain by attending The National
Converge Autism Summit:

**Scholarship tickets are for personal use, no CE credits will be provided.

Please email completed application to Event Coordinator, Scott Compton, Scott.Compton@springbrookbhs.com