



# Providing Autism Awareness & Creating Possibilities

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### Email at:

[oswegoautism@yahoo.com](mailto:oswegoautism@yahoo.com)

January 30, 2025

To Whom It May Concern:

The Oswego County Autism Task Force (OCATF) is a not-for-profit organization with a mission to enhance the lives of those touched by Autism Spectrum Disorders in Oswego County. As part of our mission, we would like to participate in the local High School Scholarship programs for 2025 graduating seniors planning post-secondary education or vocational school this Fall. We are offering the Oswego County Autism Task Force Scholarship to qualifying seniors.

Our plan is to award \$6000 in total scholarship monies to a student or several students of Oswego County's nine public high schools based on the following criteria:

- ✓ Our application must be completed by the student (application enclosed)
- ✓ The recipient must be accepted to a post-secondary or vocational school
- ✓ The recipient must be currently diagnosed with an Autism Spectrum Disorder.
- ✓ Applications must be received by the OCATF by **May 11<sup>th</sup>** for final review and selection by **our** committee.

Our final selection of the student to be awarded will be announced to the school by May 21st. It is our hope that we can have a member of the Task Force join you on your school's senior recognition night to award the scholarship, but understand that during the current COVID situation, you may or may not have an in person ceremony.

We are proud of all young people with Autism Spectrum Disorders and we are honored to have the opportunity and resources to support their continuing education.

If you have any questions, please contact me at the number listed below.

Sincerely,

Tammy Thompson  
President  
OCATF  
315-591-5258  
PO Box 322  
Oswego, NY 13126

*OSWEGO COUNTY AUTISM TASK FORCE*

*PO Box 322*

*Oswego, NY 13126*

*Telephone: (315) 591-5258*

Email: [oswegoautism@yahoo.com](mailto:oswegoautism@yahoo.com)

(Please print all information)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

School District: \_\_\_\_\_

College / University / Vocational School you plan on attending:  
(Monies will be awarded upon verification of acceptance)

\_\_\_\_\_

Anticipated Major / course of study:

\_\_\_\_\_

[illegible]

In 50 words or less- what would you share with other students on the Autism Spectrum who would like to further their education after high school? (You may continue on another sheet of paper or submit a typed statement and attach to this form.)

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\_\_\_\_\_  
*Student Signature*

*I confirm that the student applying for this OCATF scholarship does have an Autism Spectrum Disorder. It is my recommendation that they be considered for the award. (Counselor may attach written letter of recommendation. Not required)*

\_\_\_\_\_  
*Counselor Name (please print)*

\_\_\_\_\_  
*Phone Number*

\_\_\_\_\_  
*Counselor Signature*

\_\_\_\_\_  
*email address*

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