

ASU Pen Pals Application

Please fill this application completely. If you are having challenges with filling out this form, please talk with someone who knows you well and can help you complete this form. Do not fill out the Administrator section at the bottom, as that is for Autism Southeast United staff. Please return as attachment to asu@chattanoogaautismcenter.org. Thanks.

First name only: _____

City where you live: _____

State/Province where you live: _____

I live in which country (complete if outside of USA or Canada): _____

What is your age? _____

How do you best classify yourself? Classic autism Aspergers
 Other class of autism _____

Describe yourself and the kind of pen pal you are seeking to write: _____

What are your interests/hobbies? _____

What area of the USA or elsewhere would you like your pen pal to be from? (check as many as you wish)

Southeast USA Midwest USA Mid-Atlantic USA Northeast USA Great Plains USA
 Rocky Mountains/Mountain West USA Pacific Northwest USA Southwest USA
 Canada Mexico Another country _____

DO NOT COMPLETE Adminstrator only: Pen pal application is ____ approved ____ not approved Initials ____
