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**Scholarship/AWARD APPLICATION 2024**

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| *Use additional paper as necessary* |
| 1. | Last Name: | First Name, Middle Initial: |
| 2. | Mailing AddressStreet: City: State: Zip:  |
| 3. | Daytime telephone number: ( )Email address: |
| 4. | Date of birth: Month Day Year  |
| 5. | Cumulative Grade Point Average (GPA): \_\_\_\_\_\_\_\_\_\_ (On a 4.0 scale)  |
| 6. | Name and location of high school:  |
| 7. | A. List any academic honors, awards and membership activities while in high school: B. List your hobbies, outside interests, extracurricular activities and school related volunteer activities:C. List your non-school sponsored volunteer activities in the community:  |
| 8. | A. If you have decided on the college you will attend, please list the school name: B. If not, list your top three (3) college choices:  |
| 9.  | Anticipated field of study: |
| 10. | Please list any other scholarships applied for and any awarded: |
| 11. | Name & address of parent(s) or legal guardian(s): *(Include address if different than your own listed in Question 2.)* Name(s):Street: City: State: Zip:Home phone of parents or legal guardians: Work phone: |
| 12. | On a separate paper, please write an essay (scholarship only):Please describe your experience working with individuals with disabilities and your futures goals to pursue a career in your chosen field.  |
| 13. | One (2-3) letters of references from an adult (teacher, guidance counselor, employer, coach, etc.) who can speak to the student’s character and interest in working in their chosen field. |

### STATEMENT OF ACCURACY FOR STUDENTS

I hereby affirm that all the above stated information provided by me is true and correct to the best of my knowledge. I also consent, that if chosen as a scholarship winner, my picture may be taken and used.

I hereby understand I will not submit this application without all required attachments and supporting information. Incomplete applications or applications that do not meet eligibility criteria will not be considered for this scholarship.

**Signature of scholarship applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_**

**STATEMENT OF SUPPORT BY GUIDANCE COUNSELOR**

I hereby affirm that this application meets the criteria set forth by this scholarship program and support submission of this application to Bradford/Sullivan County Developmental Disability Awareness Committee.

Name of Guidance Counselor: \_\_\_\_\_\_\_­­­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

High School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact information (email and phone):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of Guidance Counselor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date**

Checklist:

\_\_\_ Application

\_\_\_ Essay on separate sheet of paper

\_\_\_ Guidance Counselor signature

\_\_\_ 2-3 Letters of reference