****

**Scholarship/AWARD APPLICATION 2024**

|  |  |  |
| --- | --- | --- |
| *Use additional paper as necessary* | | |
| 1. | Last Name: | First Name, Middle Initial: |
| 2. | Mailing Address Street: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