



Alexandria Commission on Persons with Disabilities

Gerry Bertier Scholarship 2018 Application Instructions and Form

IMPORTANT - YOU MUST BE A CITY OF ALEXANDRIA RESIDENT OR A STUDENT AT A SCHOOL LOCATED IN THE CITY OF ALEXANDRIA TO APPLY. ALL GERRY BERTIER SCHOLARSHIP APPLICATIONS MUST BE RECEIVED BY APRIL 30, 2018.

Please use this instruction sheet as a checklist, checking each box to ensure the application is complete.

- All areas of the application form must be completed prior to submission. Please note that there are two pages to the application. You may attach additional sheets to answer any questions in the application.
Personal statement on how you plan to use your education must be typed or clearly written and must not exceed two pages.
You must include the names of three references and their contact information on the application form; however, at least one of these references must be in writing and submitted as supporting documentation with your application.
Please include all materials in the same envelope.

Questions about the scholarship and completed applications should be directed to ACPD@alexandriava.gov. You can also mail the application to ACPD c/o The Alexandria Office of Human Rights, 123 N. Pitt Street, Suite 230, Alexandria, Virginia, 22314.

Name of Applicant

Address City State Zip Email address

Date of Birth Date of High School Graduation Telephone number

Describe your disability Identify specific School / Program in which you intend to enroll

List and Briefly Describe Awards and/ or Extracurricular Activities

Other sources of Financial Aid for which you have applied or are receiving

PERSONAL STATEMENT: Please explain how you plan to use your education to help make the world a better place.

REFERENCES: Please provide three references. At least one reference must be written and attached. References may be from any of the following: teacher, counselor, mentor, or work supervisor.

1. Name of Reference and Relationship: _____

Telephone Number: _____ E-mail address: _____

2. Name of Reference and Relationship: _____

Telephone Number: _____ E-mail address: _____

3. Name of Reference and Relationship: _____

Telephone Number: _____ E-mail address: _____

To the best of my knowledge all of the information in this application is accurate and correct. I understand that if selected for a scholarship, my name and photograph may be used for media coverage.

I also understand that I must attend the ACPD's Awards ceremony on June 26, 2018, at 5:30 p.m. to receive the scholarship.

Scholarship funds will only be distributed directly to, and in the name of, the specific institution named in the above application upon receipt of the invoice.

Signature of Applicant

Date



Alexandria Commission on Persons with Disabilities

Gerry Bertier Scholarship Award Guidelines

1. The applicant must be:
 - a. A person with a physical, sensory, or cognitive disability who is pursuing post-secondary education and
 - b. A resident of the City of Alexandria or a student at a school located in the City of Alexandria.

2. The award will be:
 - a. Up to \$1,000 per recipient per year.
 - b. Available for tuition, room, board, supplies, or fees.
 - c. Payable to the post-secondary institution.
 - d. Usable over the length of the recipient's post-secondary educational career.
 - e. Non-transferable.
 - f. Forfeited to the extent that the funds are not used prior to completion or termination of the recipient's post-secondary educational career.

3. The recipient shall:
 - a. Attend the ACPD Awards Ceremony to receive the scholarship or shall be represented at the Awards Ceremony by an alternate.
 - b. Provide feedback to the ACPD on the process for applying for the scholarship and the collection of the proceeds of the award.

4. Each application will be reviewed for the following criteria:
 - a. Academic and extracurricular achievement.
 - b. Plans to give back to the community.
 - c. References.
 - d. Financial need.
 - e. Previous Bertier Scholarship awards.

The City of Alexandria is committed to compliance with the Americans with Disabilities Act. To request a reasonable accommodation or this material in an alternative format, please e-mail mike.hatfield@alexandriava.gov or call 703.746.3148, Virginia Relay 711.