

### Alexandria Commission on Persons with Disabilities

#### **Gerry Bertier Scholarship 2019 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, 2019.

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 <u>ACPD@alexandriava.gov</u>. 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		ion	Telephone number	
Describe your disability	Identify specific School / Program in which you intend to enroll				
List and Briefly Describ	e Awards and/ or Ex	tracurricul	ar Activit	ies	

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.

-	ferences. At least one reference must be written and attached. ving: 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.

## <u>I also understand that I must attend the ACPD's Awards ceremony on June 27, 2019, at 5:30 p.m. to receive the scholarship.</u>

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

# Acpđ

**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.

For reasonable disability accommodation, contact <u>mike.hatfield@alexandriava.gov</u> or 703.746.3140, Virginia Relay 711.