

THE ABILITY CENTER

Of Greater Toledo 5605 Monroe Street Sylvania OH 43560 Phone: (419) 885-5733 V/TTY Toll Free: (866) 885-5733 Fax: (419) 882-4813 www.abilitycenter.org

For scholarship consideration, you must meet all eligibility requirements and submit this application by March 31, 2015:

The Ability Center of Greater Toledo Attn: Lisa Justice 5605 Monroe Street Sylvania, Ohio 43560 (419) 885-5733 (V/TTY) Ijustice@abilitycenter.org (For questions only)

Instructions for Completing Application:

Attach	your current	certified	transcript.
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- ____ High school seniors must enclose proof of acceptance into a college or university.
- ___ New graduate students must enclose proof of acceptance into a graduate program.
- ___ Please include only three written references from individuals unrelated to you.
- ____ Type your application clearly, or print it out.
- __Complete the entire application.

Incomplete or late applications will prevent you from scholarship consideration.

Student's Name:	
Birth Date:	Social Security #
Email:	

Permanent Address

PLEASE NOTE: To be eligible, student's permanent address must be in our service area of **Defiance**, **Fulton**, **Henry**, **Lucas**, **Ottawa**, **Wood**, or **Williams** counties in Ohio, or **Monroe** or **Lenawee** counties in Michigan.

Home Address:				
City:	State:	Zip Code:		
Phone:	Cell:			
Parent or Guardian's Name (<i>if applicable</i>):				
Please check your current student status (all that apply):				
Commuting from Parents' Home	Certificate Program	n 🗌 Junior		
Dormitory Resident	Entering Freshmar	n Senior		
Off-Campus Resident	Sophomore	🗌 Graduate Student		

Current Employment

Company:				
Address:				
City:	State:	Zip Code:		
Phone:	Hours Worked W	/eekly:		
Please attach a 1-2 page typed essay a	ddressing the	following:		
How does your disability affect your life?				
Why you believe you should receive this scholarship?				
If you receive this scholarship how will you give	back to your com	munity?		
Please share any career objectives, plans, perso Scholarship Committee make a favorable decis	u	c, or personal qualities you believe will help the application.		
Please keep in mind that the content of your essay will be a major factor in selecting the scholarship winners.				

Academic Information

Applicants must have a cumulative GPA of at least 3.0 .	High School GPA: College GPA:	
School Attendance: O Full-Time O Part-Time	Academic Major:	
Estimated Graduation Date:	Total Credit Hours Earned:	
College Affiliation		
○ Arts and Sciences	○ Technology	
○ Business Administration	○ Health and Human Services	
C Education and Human Development	○ Undecided/Pre-Major	
C Musical Arts	○ Other	
Please identify "Other":		

Extra-Curricular Involvement: List your work and/or volunteer experience and community service activities:

Academic Achievement: List any academic honors, department awards, scholarships, assistantships or special financial circumstances that you would like the scholarship committee to consider when reviewing this application:

Work Experience

Please indicate specific jobs held and dates of employment, if applicable.

Scholarships and Grants

Please list any scholarships or grants you will be receiving for the school year:

Reference Information

Please list the names, addresses, and telephone numbers of three personal or professional references who are not family members. Please send your reference forms to these three individuals for completion.

Reference	e One		
Name:			
Address:			
City:		State:	Zip Code:
Phone:		Cell:	
]
Referenc	e Two		
Name:			
Address			
City:		State:	Zip Code:
Phone:		Cell:	
Referenc	e Three		
Name:			
Address			
City:		State:	Zip Code:
Phone:		Cell:	

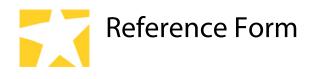
Although scholarships do not automatically renew, past recipients may reapply. You must complete a scholarship application every year. The degree of financial need is not the sole determinant in the selection process.

The Scholarship Committee will select several finalists who meet the above requirements. The Scholarship Committee may contact finalists to arrange interviews.

Applicant's signature grants The Ability Center of Greater Toledo permission to access related information for the purpose of scholarship consideration.

Applicant Signature

Date Signed



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Dear

I am applying for a scholarship and request that you complete this Reference Form and return it to me in a sealed envelope. The scholarship committee of The Ability Center of Greater Toledo must receive my application, along with your reference, by **March 31, 2015**.

Scholarship Applicant Information

Applicant's Name:				
Address:				
City:		State:	Zip Code:	
Phone:		Cell:		

1. How long have you known the applicant and in what capacity?

2. What characteristics does the applicant possess that would help them to succeed in their educational endeavors?

3. Are there unique factors that make the applicant especially worthy of receiving scholarship support?

Reference Information			
Name:			
Title:			
Address:			
City:	State:	Zip Code:	
Phone:	Cell:		

Please return this Reference Form to the applicant in a sealed envelope. The application packet is due to the Scholarship Committee no later than March 31, 2015.

Your Signature

4. Additional Comments.

Date Signed