



# Scholarship Application

## 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)

ljjustice@abilitycenter.org (For questions only)

### Instructions for Completing Application:

- Attach your current certified transcript.
  - 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 (if applicable): \_\_\_\_\_

Please check your current student status (all that apply):

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Commuting from Parents' Home | <input type="checkbox"/> Certificate Program | <input type="checkbox"/> Junior           |
| <input type="checkbox"/> Dormitory Resident           | <input type="checkbox"/> Entering Freshman   | <input type="checkbox"/> Senior           |
| <input type="checkbox"/> Off-Campus Resident          | <input type="checkbox"/> Sophomore           | <input type="checkbox"/> Graduate Student |

## Current Employment

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Hours Worked Weekly: \_\_\_\_\_

### Please attach a 1-2 page typed essay addressing the following:

How does your disability affect your life?

Why do you believe you should receive this scholarship?

If you receive this scholarship how will you give back to your community?

Please share any career objectives, plans, personal goals, academic, or personal qualities you believe will help the Scholarship Committee make a favorable decision regarding your 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:  Full-Time  Part-Time Academic Major: \_\_\_\_\_

Estimated Graduation Date: \_\_\_\_\_ Total Credit Hours Earned: \_\_\_\_\_

## College Affiliation

Arts and Sciences

Technology

Business Administration

Health and Human Services

Education and Human Development

Undecided/Pre-Major

Musical Arts

Other

Please identify "Other": \_\_\_\_\_

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

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**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:

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**Work Experience**

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

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**Scholarships and Grants**

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

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## 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 One			
Name: _____			
Address: _____			
City: _____	State: _____	Zip Code: _____	
Phone: _____	Cell: _____		

Reference Two			
Name: _____			
Address: _____			
City: _____	State: _____	Zip Code: _____	
Phone: _____	Cell: _____		

Reference 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.

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Applicant Signature

Date Signed

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Parent / Guardian Signature *(if applicable)*

Date Signed



# Reference Form

**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](http://www.abilitycenter.org)

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?

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

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

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**4. Additional Comments.**

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**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.**

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Your Signature

Date Signed