



Gail White-Rison Scholarship

2021 APPLICATION

Application for 2021 Gail-White Rison Scholarship

Instructions

General Information

The Gail White-Rison Scholarship was established in 2016 in honor of Gail White-Rison, a Residential Administrator, who was an employee at ACLD for more than 11 years. In that time, Gail consistently encouraged her staff to pursue higher education in order to further their careers and professional development. It is because of Gail's diligence and support of her staff that this scholarship was created. The Scholarship is granted annually to employees pursuing a degree in either human services or a related field of study.

The Scholarship

The Gail White Rison Scholarship is awarded annually to an ACLD employee pursuing a degree in Human Services or a related field of study. The Scholarship is in the amount of \$1,000.

Who is Eligible?

- Persons enrolled in an accredited college or university pursuing a Degree in the Human Service or related field of study.
- Employees of ACLD who have been employed for a minimum of one (1) year.
- Must be budgeted to work a minimum of 30 hours per week.
- Must be an employee in good standing with a performance appraisal score of 3.0 or higher.
- Cannot have disciplinary action on file within the last annual period.
- Cannot be currently enrolled in the Reaching Up Program, but can apply after program is completed.

****Previous award winners are not eligible**

How Do I Apply?

Complete the enclosed application (may be printed or downloaded from the ACLD Today website homepage) and include:

- ❑ At least one recommendation from a previous or current ACLD supervisor
- ❑ Employment history
- ❑ Completed application form
- ❑ Essay on academic program and professional goals. Applicant should discuss the factors that influenced the decision to support people with autism, learning and/or developmental disabilities
- ❑ Verification of Enrollment form signed and stamped from the university/college registrar

What is the Application Process?

The Gail-White Rison Scholarship Committee reviews all applications and recommends recipients to ACLD's Executive Director or designee.

****At the discretion of the Scholarship Committee, the scholarship can be withheld if no appropriate applications are received in any given annual period. ****

How may I use the Scholarship Funds?

1. The Scholarship may be used for tuition and fees.
2. The payment of \$1,000 will be made payable to the award recipient.
3. The recipient may accept additional grants and scholarships from other sources.
4. Funds will be dispersed after the completion of the most recent semester of the application period and the employee will provide an official transcript from the accredited university or college.

Deadline

All Applications and subsequent documentation can be submitted by email, fax, and/or submit original copy to Alex Cohen in the Human Resources Department. Alex can be contacted at 516-822-0028, extension 135 or email: cohen@acld.org, or fax at 516-822-0753. **Letters of recommendation, application and all other pertinent information must be received by November 1, 2021 to be considered.**

Applications that are incomplete or late will not be considered.

Application for Gail White-Rison Scholarship

Name: _____

E-mail Address: _____

Home Telephone _____ Cell/Mobile Phone _____

Plans for study with the Gail White-Rison Scholarship:

Degree sought: _____ Department/Major/Field of Study: _____

Name of University/College/Institution at which studies will be undertaken: _____

Employment History

List your employment history, including your current position.

From (Month/Year)	To (Month/Year)	Employer	Address	Type of Work or Position Held

Other Activities

Please give a description of your volunteer work and non-scholastic activities.

Activities/Volunteer Work

Essay: Professional Information and Goals

In approximately 750 words, please discuss the factors that influenced your commitment to supporting people with autism, learning and/or developmental disabilities (*the applicant can attach a separate sheet to the application if so desired*).

**Verification of Enrollment Form
Gail White Rison Scholarship**

I certify that _____ is currently in
(Name)

_____ at _____
(department) (university/college)

and is enrolled in a _____ Degree program.
(area of study)

(Signature of registrar) (Date) (Expected graduation date)

(Official University/College Stamp)

Declaration by Applicant

I hereby declare that all statements made within this application are true and accurate to the best of my knowledge. I will take full responsibility for school expenses (such as living, traveling, books, etc.), which are in excess of the \$1,000 Scholarship. If selected as a scholarship recipient, I will inform ACLD of any changes that will affect my ability to undertake my course of study. If selected as a scholarship recipient, I also grant permission to ACLD to use my name and photograph in literature and on web platforms designed to promote and/or inform regarding the Gail White-Rison Scholarship.

(signature) (date)