THE LEAGUE
FOR PEOPLE WITH DISABILITIES, Inc.

Dear Scholarship Applicant,

The League for People with Disabilities is excited to be able to offer scholarships in order to help offset the cost associated with your chosen session/program. Enclosed is the scholarship application for your use. Please note that scholarship applications will be accepted on a rolling basis and will be presented to the Scholarship Committee for approval as appropriate.

Please fill the application out completely and return it to the director of your chosen program at The League along with a copy of the participant's/family's most recent Federal Income Tax form or W2 **and** a letter stating their need. **Please note that scholarship applications will not be considered unless all sections are completed.** ***Incomplete applications will be returned to you.***

All scholarship applications will be date stamped upon receipt, and processed and approved on a first come, first served basis. Scholarships will be based on space availability and completion of documentation, as well as availability of funds for the program. **Unless already registered for your session or program, a current registration form must accompany this application.**

For Camp Greentop programs: Unless a deposit accompanies your camp registration form, you will not be registered for your program until the scholarship award has been given and accepted. Keep in mind that we are a first come, first served program and cannot guarantee a space will be available should you choose not to send a deposit.

If you have any questions about our scholarship program, please feel free to contact the director of your SCALE or Camp Greentop program or reach out to me directly via email at kblumke@leagueforpeople.org. Thank you for choosing The League!

The League for People with Disabilities
1111 E Cold Spring Lane, Baltimore MD 21239
410.323.0500

SCHOLARSHIP APPLICATION

Participant Name: _____ Age: _____ Program(s) Registered: _____

Complete Address: _____ County:_____

Contact Person: _____ Daytime Phone: _____

For Office Use Only

Amount Awarded:

Funding Source:

Steps 1-3 are required for your application to be considered complete. Incomplete applications will not be processed and will be returned to you.

1. Financial Information:

A copy of the participant's/family's most recent Income Tax Form or W2 MUST accompany this Scholarship Application.

☐ This participant is an adult aged 18 years or older. Please complete the following information:

Does this participant work: ☐ yes, ☐ no; if yes, where? _____

Does the participant receive residential services: ☐ yes, ☐ no;

If no, the number in your household: _____ (including the participant)

Participant's Gross Income: $ _____

Only the adult participant income is required. Please also include SSI or other supplemental funding.

☐ This participant is a youth aged 7-17 years. Please complete the following information:

Does the participant receive residential services: ☐ yes, ☐ no;

If no, the number in your household: _____ (including the participant)

Family Household Gross Income: $ _____

Please include all individuals living in the home. Please also include SSI or other supplemental funding.

2. Other Funding:

Please list other organizations you may have applied for funding assistance through, as well as their commitment:

_____ $_____ _____ $_____

Amount you can afford out of pocket for your program(s) $ _____

3. Letter of Need:

Please attach a brief letter stating your financial situation and why you are choosing The League's SCALE or Camp Greentop programs. ***Please note that a letter MUST be attached for your application to be accepted.***

I certify that the above information is true and accurate to the best of my knowledge. I understand that this application is confidential and is made so The League can determine my eligibility for financial aid based on the established criteria on file. If any information in this application proves to be untrue, I understand that The League reserves the right to cancel this application and take whatever action deemed appropriate.

Some scholarships have varying reporting requirements, such as name, age, or county of residence. By submitting this application, I agree to The League disclosing this information to funders of the various scholarships. Financial information will not be disclosed.

Signature of adult participant or legal guardian: _____

Printed name and relationship to participant: _____ Date: _____