



Inland Empire Disabilities Collaborative Scholarship

\$500 Awarded Scholarship Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

How did you hear about this Scholarship? _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Scholarship

Application will need to be submitted by May 31, 2019 with a 1,000-word essay and a Resume. A review panel will review, vote, and decide on the award winners. You may submit your application via email to info@iedisabilities.org with subject line: Scholarship Application. The Resume must include the following experience: Employment, Academic, Volunteer, and Extracurricular Activities.

Essay Questions: Explain how your disability has impacted your life? How you have overcome barriers and personal challenges? What are your educational goals and aspirations?

Number of Awards available: two (2) undergraduate, one (1) graduate, one (1) vocational/technical degree

If this application leads to a scholarship, I understand I will be notified via email and need to be present on June 18, 2019 IEDC Meeting to receive \$500 award.

Signature: _____ Date: _____

The Inland Empire Disabilities Collaborative is supported by a partnership between Inland Empire Health Plan (IEHP), Community Access Center, and Loma Linda University PossAbilities.

