



## ***The Arc of Aurora Glen Talladay Scholarship Fund 2019 Scholarship Application***

This application is only for The Arc of Aurora Glen Talladay Scholarship Fund. The number and amount of scholarships awarded vary annually depending upon funds available and the number of requests received. This scholarship opportunity is limited to Contributing Members of The Arc of Aurora with intellectual or developmental disabilities. To ensure that your application is reviewed and processed, use only this form in applying, and read/follow these procedures and requirements.

### **What can the Scholarship be used for?**

Funds' use must be associated with a camp, vacation, or other activity that a child or adult with intellectual or developmental disabilities might not otherwise have an opportunity to participate in.

### **Procedures**

1. All applications must be printed or typed. (If you need assistance, contact your advocate.)
2. Enclose only items requested.
3. Answer all questions on the application.
4. Send completed applications to The Arc of Aurora, Attn: Board of Directors, 1342 South Chambers Road, Aurora, CO 80017. The Arc of Aurora is not responsible for lost mail.
5. Only complete applications received no later than 3:00 PM February 28, 2019, will be considered.
6. Applications become the property of The Arc of Aurora and will not be returned. The Arc of Aurora Board will notify all applicants of its decision in writing by **March 31, 2019**.
7. Submitting an application is in no way a guarantee that a scholarship will be granted. There is no appeal process; the decision of the Board's selection committee is final. Priority may be given to new applicants vs. previous years' awardees.

### **Requirements**

1. Be a Contributing Member of The Arc of Aurora for no less than one year.
2. Be a person with an intellectual or developmental disability.
3. Provide a description for what the requested funds will be used for, including date, location and name of program/camp.
4. Provide one signed recommendation letter from someone who knows the applicant personally. This letter should speak to the individual applicant's general character.  
*Employees of The Arc of Aurora cannot complete the recommendation letter.*
5. Follow the procedures listed above.
6. Awards must be used in the calendar year of the application.

### **Applicant Information**

Name \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Email (if applicable) \_\_\_\_\_

Contact Phone Number \_\_\_\_\_

Birth Date \_\_\_\_\_

Name of Parent or Guardian (if appropriate) \_\_\_\_\_

Parent or Guardian contact phone number \_\_\_\_\_

I would like to use the Glen Talladay Scholarship fund to support: (Include date, location and contact info for camp or other proposed activity.)

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Please share how this activity will be helpful for the applicant

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The total cost of this activity is \$\_\_\_\_\_. I am requesting \$\_\_\_\_\_ to support this activity.

If The Arc of Aurora is not able to fund the entire activity, do you have other means of obtaining the additional money required? For example, does the camp or activity offer scholarships or are there other scholarship that could help pay for this? **(Circle one)** Yes No

Other helpful information about why this applicant should be awarded a scholarship:

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### **Authorization**

I hereby authorize The Arc of Aurora Board of Directors to review this application and to request any further information it deems necessary. All information and statements on or associated with this application form are true and correct. I have read this application and it has my approval.

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Signature of Applicant

Date

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Signature of parent and/or guardian if appropriate

Date