

The Arc of Aurora Sibling Scholarship Fund 2020 Scholarship Application

This application is only for The Arc of Aurora Sibling 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 who are siblings of a person 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 may be used for post-high school education and/or assistance with summer camps or other programs. This scholarship may be used by either children or adults who are siblings.

Procedures

1. All applications must be printed or typed.
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 **3:00PM Feb. 28, 2020**, 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, 2020**.
7. Submitting an application is in no way a guarantee that a scholarship will be granted. The decision of the Board's selection committee is final; there are no appeals. 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 sibling of a person with an intellectual or developmental disability.
3. Provide a description of what the applicant will use the requested funds for, including date, location and name of educational opportunity/program/camp. If possible, please provide a copy of the brochure or flyer describing the educational opportunity/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 all procedures 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 phone number _____

Please identify how the Sibling Scholarship Funds will be used (Include date, location and contact info for camp/other activity.)

Please share how this activity will be helpful for the applicant

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

Please provide a description of how having a sibling with an intellectual or developmental disability has impacted your life. Descriptions can be done in a written essay or poem, video, photograph, painting or sculpture and may be attached versus using the provided space. Descriptions submitted become property of The Arc of Aurora and will not be returned.

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.

Signature of Applicant

Date

I have read this application and it has my approval.

Signature of parent and/or guardian if applicant is under 18

Date