

## The Livingston-Wyoming Arc Foundation 2010 Scholarship Application

*Value: up to \$2,000, payable in \$500 amounts annually, recipients are responsible for notifying The Arc of Livingston-Wyoming annually of continuation in an approved course of study\*.*

### Requirements

1. All information on the application must be typed or neatly printed. If you would like an electronic copy, please contact [bmcgoldrick@lwarc.org](mailto:bmcgoldrick@lwarc.org) or visit us on-line at [www.lwarc.org](http://www.lwarc.org).
2. Applicant must reside in either Livingston or Wyoming County.
3. The application **MUST** be returned on or before **Wednesday, March 10, 2010**.
4. All letters of recommendation **MUST** accompany the application.
5. Application should be returned to Bonnie McGoldrick at The Arc of Livingston-Wyoming, 18 Main St., Mt. Morris, NY 14510. *The successful applicants will be notified by Friday, March 19<sup>th</sup>.*

### Scholarships will be awarded based on the following criteria:

**Academics:** GPA, class rank, Advanced Placement (AP) courses, curriculum

**Career Choice:** The major you have chosen for college training. The college(s) to which you have been accepted or applied. Your career choice involves working directly with individuals with intellectual, and other developmental disabilities, such as teacher of special education, OT, PT, speech pathology, art therapy, music therapy, training in the direct care field, etc. *Note: We are searching for a recipient(s) who will be pursuing a career serving persons with intellectual and other developmental disabilities.*

**Community Service:** Experience relevant to your career choice.

**Written Statement:** Explain why you are applying, why you are interested in becoming a professional in a field working with individuals with intellectual and other developmental disabilities, and any additional information about yourself.

**Recommendations:** Letters of recommendation from a community member and two school personnel.

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

E-mail address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

In what county do you reside? \_\_\_Livingston \_\_\_Wyoming School Name: \_\_\_\_\_

High School Cumulative Grade Point Average: \_\_\_\_\_ Class Rank: \_\_\_\_\_

AP Courses: \_\_\_\_\_

Curriculum: \_\_\_\_\_

Career Choice: \_\_\_\_\_

College Major/Field of Study: \_\_\_\_\_  
\_\_\_\_\_

2010 Livingston-Wyoming Arc Foundation Scholarship, con't.

**Provide the name(s) and address(es) of Universities, Colleges or Community Colleges to which you have applied or will be attending:**

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**High School Activities (include sports, school sponsored clubs, etc.):**

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**Community Involvement (include volunteer work, church or synagogue activities, etc.):**

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**What are your career plans and how do they relate to persons with developmental disabilities?**

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**Please attach a brief written statement indicating why you became interested in becoming a professional in a field working with individuals with intellectual and other developmental disabilities, why you are applying and any additional information about yourself.**

**References:** Please provide the name, address, telephone number and a letter of recommendation from two high school faculty members and one member of the community.

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*\*To receive scholarship money each year for up to four years, recipient must provide proof of a registration bill along with a current financial invoice for studies or proof of payment.*