

Dear Applicant,



Thank you for your interest in the *Celebrate Differences* scholarship. In the following pages you will find all the information you need to apply for the 2009 scholarship. This is the second year that the scholarship is being offered. There will be one scholarship in the amount of \$1,000.00 awarded this year.

Applications will not be accepted past the May31, 2009 deadline. Recipients will be notified by mail and/or email no later than July 30, 2009.

If you have any questions, please do not hesitate to contact me at 630-885-3006 or info@celebratedifferences.org.

Good luck!!!

Best wishes,

Rebecca Christiansen
President

2009 Academic Scholarship

Academic scholarships will be awarded annually to students whose lives have been directly impacted, on a daily basis, by an individual with a disability and who choose to pursue a career in an area that will enrich the lives of people with disabilities. Examples of programs accepted, but not limited to, include; nursing, medicine, education, physical, occupational, developmental or speech therapy. The student must be enrolled in an accredited college or university, must have minimally completed two years of study and must be accepted into a program. The student must be in good standing with a GPA of 3.0 or higher using a 4.0 grading scale, or equivalent. The scholarship money must be used for tuition or books. Funds will be disbursed directly to the college. The scholarship recipients will be notified by mail and/or email no later than July 30, 2009. At that time, an address and a social security number will need to be submitted so that funds may be disbursed.

Application Procedures: The applications may be typed (preferred) or printed neatly.

Application packets must include:

- _ Complete the application form
- _ Resume, which includes name, address, telephone number and email address
- _ Official transcript
- _ Three letters of reference. One reference must be from a person other than a family member able to speak to the applicant's character; the other reference must be from a teacher or educator who has had extended contact with the applicant within the last two years and the third reference must be from an individual who can write on behalf of your volunteer efforts. Forms must be returned in sealed envelopes.
- _ A typed, double spaced essay on the topic: Explain how or why you feel you can make a difference in the lives of individuals with disabilities using your field of study
- _ Complete an All About me form

All application packets must be complete to be considered.

All recipients will be required to submit official transcripts at the end of the year that the award was granted.

Send scholarship application packet postmarked no later than May 31, 2009 to:

Celebrate Differences
2758 B Route 34 Ste 327
Oswego, IL 60543

You will receive an e-mail or letter confirmation that your packet was received. You will receive an e-mail letting you know if you received the scholarship.

Application Form

Name _____

Address _____

City, State, Zip _____

Phone Number _____

E-mail address _____

Date of Birth _____
Month Day Year

Do you prefer to be contacted by regular mail or e-mail?

I understand that I am applying for a scholarship to help me to continue studying in an area that will enrich the lives of people with disabilities. The information provided is my own work and represents my thoughts. If I am selected to receive this scholarship, I am aware that I will need to provide documentation as to what my social security number is so that my scholarship may be processed in a timely fashion. I am also aware that I will have to submit official transcripts at the end of the year that the award was granted. I verify that I meet the following eligibility -that I am 18 years of age or older, that I reside in the state of Illinois, that I have a GPA of 3.0 or higher and that I have been accepted into a program of study.

Signature _____

Print Name _____

Date _____

Recommendation Letter

ABOUT THE APPLICANT

Name _____

Phone Number _____

E-mail address _____

ABOUT THE PERSON WRITING THE RECOMMENDATION

Name _____

Address _____

City, State, Zip _____

Phone number _____

E-mail address _____

Relationship to the Applicant _____

I have known the applicant for _____

PROCEDURE

Please use a separate sheet of paper to discuss the following:

1. Describe how the applicant has impacted your life.
2. Describe the applicant has impacted the life of an individual with a disability.

These letters should be no more than one (1) typed page in length. Please sign your letter, seal the letter in an envelope and sign across the seal. Return the letter to the applicant, who needs to enclose the letter in the application packet. The applicant must return the completed application package to Celebrate Differences no later than May 31, 2009.

Recommendation Letter

ABOUT THE APPLICANT

Name _____

Phone Number _____

E-mail address _____

ABOUT THE PERSON WRITING THE RECOMMENDATION

Name _____

Address _____

City, State, Zip _____

Phone number _____

E-mail address _____

Relationship to the Applicant _____

I have known the applicant for _____

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Name _____

Phone Number _____

E-mail address _____

ABOUT THE PERSON WRITING THE RECOMMENDATION

Name _____

Address _____

City, State, Zip _____

Phone number _____

E-mail address _____

Relationship to the Applicant _____

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All About Me

Please answer the following question to the best of your ability. Answers should be brief, but you may attach additional sheets of paper, if necessary. Please print your name on additional sheets.

1. List at least two academic and two personal goals you have for your future:
2. Please include the reason of why you have these goals.
3. Where do you see yourself in five years?
4. What community service have you completed in the past two years?
5. Who is the disabled individual that has impacted your life and explain how?
6. How will you enrich the lives of those who have a disability with your chosen career?

Name _____