

Information continues from front flap.

Keep this cover sheet.

How many awards will be given?

Up to five awards, ranging from \$500 to \$5000, will be awarded. The Scholarship Awards are supported by the annual golf outing fundraiser.

When is scholarship money received?

Scholarship awards will be presented at the 2008 Society's Assets Open golf outing in June. Recipients will be notified by letter in May and invited to the recognition dinner at the Open. Funds will be co-paid to the school and the recipient. All scholarships must be used within a two-year period.

What are the application procedures?

Complete the attached application. Submit a personal essay, following the required format. Ask for three recommendations and a verification form, following the guidelines noted. All materials (application, personal essay, recommendations, and verification form) must be postmarked no later than February 1, 2008.

Is additional information available?

For more information contact the Community Outreach Coordinator, 5200 Washington Avenue, Suite 225, Racine, Wisconsin 53406.

(262) 637-9128 V/TTY FAX (262) 637-8646

E-mail: info@sai-inc.org

Website: www.sai-inc.org

Keep this cover sheet for your records.

Application Materials Sent (Date) _____

(Must Be Postmarked By February 1, 2008)

Society's Assets, a nonprofit organization serving people with disabilities since 1974, offers independent living skills training, home care services, home modifications, assistive equipment, and more. All services focus on the individual and on living as independently as possible in the community. Contact the office nearest you for more information.

Offices in Racine, Kenosha, and Elkhorn
Racine (262) 637-9128 (866) 840-9761 TTY
Kenosha (262) 657-3999 (866) 840-9762 TTY
Elkhorn (262) 723-8181 (866) 840-9763 TTY



Scholarship Awards 2008

Assisting People with Disabilities in Reaching Their Educational and Career Goals

Who should apply?

- A. The applicant must have, have a record of, or be regarded as having a **permanent and substantial** (as opposed to a minor) **physical or sensory** disability. A verification form must be completed and submitted by a physician.
- B. Graduating high school seniors, continuing students, or adults returning to school who already have, or plan to, enroll in an accredited college, university, or technical school on a full-time basis to seek a degree are eligible.
- C. The applicant must be a resident of the Society's Assets service area which includes Racine, Kenosha, Walworth, Rock, and Jefferson counties.
- D. Society's Assets Board members, staff, or individuals related to or associated with Board members or staff (or those of its subsidiaries) are not eligible.
- E. Prior successful applicants can reapply, but they cannot win more than twice.

What criteria will be used for judging?

Judges will rate the applicants using the following criteria and weighting.

- | | |
|-------------------------------|-----|
| 1. Academic Record | 35% |
| 2. Extracurricular Activities | 25% |
| 3. Personal Essay | 25% |
| 4. Recommendations (3) | 15% |

Continue on back flap.

Society's Assets

Scholarship Award Application 2008

Postmark deadline is February 1, 2008.

Please type or print all information except for signatures. Alternative formats of this application and its attachments may be acceptable. If space provided in any section proves inadequate, information may be continued on additional sheets of paper using the same format. Attach additional sheets to the application. Contact Society's Assets, (262) 637-9128, for more information.

Applicant Data (Scholarship applicants are not identified for the judges. This page of the application will not be included in the judges' packets.)

Last Name

First Name

Middle Initial

Permanent Home Mailing Address (Street and Apartment)

City

State

Zip

Telephone Numbers (With Area Codes)

(Home)

(Work)

Date of Birth (Month/Date/Year)

Social Security Number

Certification

In submitting this application, I certify that the information provided is complete and accurate to the best of my knowledge. I also certify that I wrote my own personal essay.

Applicant's Signature

Date

Continue on next page. Do not include your name on the next three pages.

1. Academic Record

A high school transcript of grades must be included. Students who have completed at least two full semesters of college or vocational-technical school may also include college or vo-tech transcripts of grades.

High School Name _____

Address _____ City _____ State _____ Zip _____

Telephone Number _____ Graduation Date _____

A high school official must complete this section.

Applicant Class Rank _____ Number of Students in Graduating Class _____

Cumulative grade point average on a **4.0 (unweighted)** scale is _____ .

IF APPLICABLE Cumulative grade point average on a 4.0 scale for college or vo-tech students with at least two full semesters is _____ .

_____ SAT Verbal _____ Math _____ ACT English _____ Math

School Official's Name _____ Title _____ Date _____

School Official's Business Address (Street) _____ City _____ State _____ Zip _____

School Official's Signature _____

Post-Secondary School Data

Where are you enrolled or where have you applied? If you have applied to more than one school, please list in order of preference. Use **official school names**.

School Name 1 _____ Address _____ City _____ State _____ Zip _____

Check type of school. 4 Year College or University 2 Year Community or Junior College
 Vocational-Technical School Other (Explain)

School Name 2 _____ Address _____ City _____ State _____ Zip _____

Check type of school. 4 Year College or University 2 Year Community or Junior College
 Vocational-Technical School Other (Explain)

Circle year in Post-Secondary Program for 2008-2009 school year. 1 2 3 4 5 Graduate Study

Major Course of Study _____

Anticipated Date of Graduation (Month/Year) _____

2. Extracurricular Activities/Awards and Honors

List all school and community activities in which you have participated during the past four years (i.e. sports, choir, student government, band, church work, community services, volunteer work). Separate high school and college activities.

Activity	Number of Years	Have you held a leadership position? If so, what?

List all awards and honors, separating high school and college awards.

Name of Award or Honor	Date Received	Presented By	Presented For

3. Personal Essay

On a separate sheet of paper, describe:

1. Your past academic, vocational, and/or other achievements,
2. Your future career objectives, and
3. How the scholarship award would help you achieve your goals.

Complete the essay using no more than 250 of your own words. (One page of double-spaced typing is approximately 250 words.)

4. Recommendations

Ask three people to submit recommendations for you using the enclosed Recommendation Forms. Appropriate references are from counselors, teachers, professors, employers, or supervisors of volunteer or community organizations in which you have been active. Allow enough time for recommendations to be completed and postmarked by February 1, 2008. Please follow up to make sure that your recommendations were submitted. Recommendation Forms should be sent to:

Scholarship Committee, c/o Community Outreach Coordinator
Society's Assets
5200 Washington Avenue, Suite 225
Racine, Wisconsin 53406

Applicant Information and Verification Form

Permanent and Substantial Physical or Sensory Disability _____

Briefly describe how the disability affects your life.

Ask your physician to complete and submit the enclosed Verification Form. The form must be postmarked by February 1, 2008. The Verification Form should be sent to:

Scholarship Committee, c/o Community Outreach Coordinator
Society's Assets
5200 Washington Avenue, Suite 225
Racine, Wisconsin 53406

Check one. I have **OR** I have not **previously applied** for a Society's Assets Scholarship.
Check one. I have **OR** I have not **previously received** a Society's Assets Scholarship.

Applicant Checklist

This application for a Society's Assets scholarship becomes valid only when you return all of the following materials, completed as directed, postmarked by February 1, 2008.

- Scholarship Award Application (Including Personal Essay, Recommendations, and Verification Form)
- High School Transcript of Grades
- College Transcript, If You Have Completed at Least Two Full Semesters

Send your scholarship application materials to: **Scholarship Committee, c/o Community Outreach Coordinator**
Society's Assets
5200 Washington Avenue, Suite 225
Racine, Wisconsin 53406

Applicant
Number

Applicant's Name _____

Applicant's Address _____ City _____ State _____ Zip _____

Applicant Number _____

Recommendation Form
Society's Assets Scholarship Award
(Three recommendations must be submitted.)

Please Note: Recommendation Forms may not be completed by Society's Assets Board members, staff, or individuals related to or associated with Board members or staff.

NOTE TO THE PERSON COMPLETING THIS RECOMMENDATION FORM

Your evaluation will be given significant review and is important to our consideration of this person as a scholarship candidate. **Do not use the person's name in your comments. Use "he/she" and similar phrasing.** Without your recommendation, the applicant's file will not be considered complete. If you are unable to complete and postmark this recommendation by February 1, 2008, please notify the applicant so that she/he may secure another recommendation. Call (262) 637-9128 if you have questions. **Please print or type neatly. Attach a separate sheet of paper if necessary.**

Send to: *Scholarship Committee, c/o Community Outreach Coordinator*
Society's Assets, 5200 Washington Avenue, Suite 225, Racine, Wisconsin 53406

How long have you known the applicant? _____ In what capacity? _____

Assess the applicant's talent and motivation as you answer the following questions. If you require additional space, attach a separate sheet of paper.

1. Do the applicant's achievements reflect his/her ability? _____

2. Has the applicant chosen an appropriate post-secondary educational program? _____

3. How have you observed this applicant overcome his/her disability? _____

4. Is the applicant committed to school and community? _____

Your Name _____ Telephone _____

Your Title _____ Your Organization/Institution/Company _____

Your Signature _____ Date _____

Applicant
Number

Applicant's Name _____

Applicant's Address _____ City _____ State _____ Zip _____

Applicant Number _____

Verification Form Society's Assets Scholarship Award

NOTE TO THE PHYSICIAN COMPLETING THIS FORM

Applicants for the scholarship award must have, have a record of, or be regarded as having a **permanent and substantial** (as opposed to a minor) **physical or sensory disability**. This verification form will be given significant review and is important to our consideration of this person as a scholarship applicant. **Do not use the person's name in your comments. Use "he," "she," and similar phrasing.** Without this verification, the applicant's file will not be considered complete. If you are unable to complete and postmark this recommendation by February 1, 2008, please notify the applicant. Call (262) 637-9128 if you have any questions. **Please print or type neatly. Attach a separate sheet of paper if necessary.**

Send to: *Scholarship Committee, c/o Community Outreach Coordinator
Society's Assets, 5200 Washington Avenue, Suite 225, Racine, Wisconsin 53406*

1. How long have you provided health care services for the applicant? _____

2. What is the applicant's permanent and substantial physical or sensory disability? Please write disability below and also check appropriate boxes.

Disability _____

- Mobility Hearing Visual Developmental Disability with Physical or Sensory Challenges
 Learning Disability with Physical or Sensory Challenges Cognitive Disability with Physical or Sensory Challenges
 Other _____

3. Provide a history of the applicant's disability by completing the following.

Diagnosis _____ Age at Diagnosis _____

Surgeries (Types/Dates) _____

Therapy Status: Current Ongoing Past

Therapy Type(s): Occupational Physical Speech Mental Health Chemotherapy Radiation

Medications _____

Other Summary Comments _____

4. Will this disability continue to impact the applicant's adult life? Yes No

Please explain. _____

Your Name _____ Address/City/State/Zip _____

Telephone _____ Signature _____ Date _____