



SBDSA Scholarship Fund Application

Personal Information **Date:**

1) Applicant's Name	
2) Address	
3) Daytime Phone	
4) E-Mail Address	
5) Date of Birth	
6) School(s) or Program(s) to be Attended	
7) Itemized Costs for Program (attach additional document if necessary)	
8) High School Completion or Graduation Date	
9) Transition/ Enrichment Program(s) Attended	
10) Other Trainings Attended	
11) Other Extra-curricular Activities	
12) Name of Parent or Guardian	
13) Conservator/Power of Attorney	
14) Daytime Phone	
15) E-Mail Address	

Short Statement

Answer the following questions as completely as possible in an attached document. (Not to exceed 1,000 words total.)

- 1) What are your educational goals and why?
- 2) How is receiving this scholarship going to help you to achieve your goals?
- 3) How will the program(s) you are proposing to attend help foster your independence?

Reference

Using the form provided in this packet, please provide two reference letters from individuals who are not family members but are knowledgeable about your educational and independence goals and/or your accomplishments thus far.

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete.

	Print Name	Signature	Date
Applicant			
[] Parent or [] Guardian			

Thank you for completing this application and for your interest in the SBDSA Scholarship Fund.