



The Arc of Aurora Sibling Scholarship Fund 2016 Scholarship Application

This application is only for The Arc of Aurora Sibling Scholarship Fund. The number and amount of scholarships awarded varies 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 developmental disabilities. Funds use may be associated with post high school education and/or assistance with summer camps or programs. This scholarship may be used by either children or adults who are siblings. To ensure that your application is reviewed and processed, use only this form in applying and read/follow these procedures and requirements.

Procedures

1. All applications must be printed or typed.
2. Enclose only and all items requested.
3. Answer all questions on the application.
4. Address 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. 29, 2016, 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, 2016.
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 person with developmental disabilities.
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 a non-related adult who knows the applicant personally. Letter should speak to the individual applicant's general character.
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_____

-over/next page-

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.)

The total cost of this activity is \$_____

I am requesting \$_____ to support this activity.

Please provide a description of how having a sibling with developmental disabilities 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 appropriate

Date

FOR INTERNAL USE ONLY