



Scholarship Awards 2024

Assisting People with Disabilities in Reaching Their Educational and Career Goals

Society's Assets: a resource for people with disabilities.

Who should apply?

- A. The applicant must have, have a record of, or be regarded as having a **permanent and significant** (as opposed to a minor) disability that affects daily living. A physician verification form must be completed and submitted by a physician or health professional.
- 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 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	30%
2. Extracurricular Activities	15%
3. Personal Essay	25%
4. Recommendations (3)	10%
5. Disability Assessment	20%

How many awards will be given?

The number and amount of awards will be determined by a panel of judges.

When is scholarship money received?

Scholarship awards will be presented at a reception sponsored by Society's Assets in June 2024. Recipients will be notified by letter in May and invited to attend the reception. Funds will be co-paid to the school and the recipient. All scholarships must be used within a two-year period. Recipient photos may be used in press releases, agency materials, and on the web site.

What are the application procedures?

Complete and submit the attached application. Submit the personal essay, following the required format. Ask others to complete three recommendations and one physician verification form, following the guidelines noted. All materials must be postmarked no later than **February 1, 2024**.

Is additional information available?

For more information contact Donna Menarek, 5200 Washington Avenue, Suite 225, Racine, Wisconsin 53406. 262-637-9128 FAX 262-637-8646 dmenarek@societysassets.org Website: www.societysassets.org

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 independently in the community. Contact the office nearest you for more information.

Racine 262-637-9128 Kenosha 262-657-3999 Elkhorn 262-723-8181
1-800-378-9128 Voice/7-1-1 Relay | Toll-Free

Society's Assets

Scholarship Award Application 2024

Postmark deadline is February 1, 2024.

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

Email Address

Telephone Numbers (With Area Codes)

(Home)

(Work)

(Cell)

Date of Birth (Month/Date/Year)

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 **certified** high school or college **transcript must be attached**. 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 _____

School Address _____ City _____ State _____ Zip _____

School Telephone Number _____ Graduation Date _____

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

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

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 2024-2025 school year. 1 2 3 4 5 Graduate Study

Intended Major/Degree _____

Anticipated Date of Graduation (Month/Year) _____

4. Applicant Information

Permanent and Substantial Disability _____

On a separate sheet of paper, list all school accommodations, assistive devices and/or technology, home adaptations, medications, or assistance with daily living skills you utilize to stay independent.

Please answer with a minimum of 150 words.

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

5. Recommendation Forms

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, 2024. Please follow up to make sure that your recommendations were submitted. Recommendation Forms should be mailed to:

Scholarship Committee, c/o Marketing and Development Director
Society's Assets
5200 Washington Avenue, Suite 225
Racine, Wisconsin 53406

Or email by February 1, 2024 to:
dmenarek@societysassets.org
Or FAX by February 1, 2024 to:
262-637-8646

6. Physician Verification Form

Ask your physician or health professional to complete and submit the enclosed Physician Verification Form. The form must be postmarked by February 1, 2024. Please follow up to make sure that your Physician Verification Form was submitted. The Physician Verification Form should be mailed to:

Scholarship Committee, c/o Marketing and Development Director
Society's Assets
5200 Washington Avenue, Suite 225
Racine, Wisconsin 53406

Or email by February 1, 2024 to:
dmenarek@societysassets.org
Or FAX by February 1, 2024 to:
262-637-8646

Applicant Checklist - - Review the following list before you submit your materials.

This application for a Society's Assets scholarship becomes valid only when you return all of the following materials, completed as directed, postmarked, or received by email or FAX, by February 1, 2024.

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

Mail your scholarship application materials to: **Scholarship Committee, c/o Marketing and Development Director**
Society's Assets
5200 Washington Avenue, Suite 225
Racine, Wisconsin 53406

Or email to dmenarek@societysassets.org
Or FAX to 262-637-8646

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, 2024, please notify the applicant so that she or he may secure another recommendation. Call (262) 637-9128 if you have questions. **Please print or type neatly.** **Additional information provided**

Send to: **Scholarship Committee, c/o Marketing and Development Director**
Society's Assets, 5200 Washington Avenue, Suite 225, Racine, Wisconsin 53406
Or FAX with your cover sheet to (262) 637-8646 by February 1, 2024.

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 _____

Physician Verification Form Society's Assets Scholarship Award

NOTE TO THE PHYSICIAN OR HEALTH PROFESSIONAL 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) **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 form by February 1, 2024, please notify the applicant. Call (262) 637-9128 if you have any questions. **Please print or type neatly.** **Additional information provided**

Send to: **Scholarship Committee, c/o Marketing and Development Director**
Society's Assets, 5200 Washington Avenue, Suite 225, Racine, Wisconsin 53406
Or FAX with your cover sheet to (262) 637-8646 by February 1, 2024.

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

2. What is the applicant's permanent and significant physical or sensory disability? Please identify 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(ties) by completing the following.

A. Diagnosis(es) _____

B. Date of Onset for Diagnosis _____

C. Has (Have) this applicant's disability(ties) required surgery, or could it be required in the future? Yes No

D. Has the applicant used (or could the applicant use in the future) any of these therapies or others not listed below?

Yes No Occupational, Physical, Speech, Mental Health, Chemotherapy, Radiation

E. Does (Do) the applicant's disability(ties) require medication(s)? Yes No

F. Is adaptive equipment used for this (these) disability(ties)? Yes Type _____ No

Other Summary Comments _____

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

Is this disability one that will be progressively severe? Yes No

Please explain. _____

Your Name _____ Address/City/State/Zip _____

Telephone _____ Signature _____ Date _____