Keep this information sheet for your records. Applications must be postmarked by March 16, 2026.

SOCIETY'S ASSETS

Scholarship Awards 2026

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 2026. 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 on-line or as a printed, paper application. Submit the personal essay, following the required format. Ask people you know to complete three recommendations and one physician verification form, following the guidelines noted. All materials must be submitted online or postmarked no later than **March 16, 2026**.

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 and personal care services, home and vehicle accessibility assessments, assistive technology (supported by WisTech), advocacy, peer support, transitions to community living, representative payee, and information and referral. Services focus on reaching individual goals and on living independently in the community.

Call this number to reach Society's Assets. Toll-Free 1-800-378-9128 Voice 7-1-1 Relay

Society's Assets
Scholarship Award Application 2026

Deadline (on-line, in person, or postmark) is March 16, 2026.

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.

Office Use Only **Applicant Number** _____

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 2026-2027 school year. 1 2 3 4 5 Graduate Study

Intended Major/Degree _____

Anticipated Date of Graduation (Month/Year) _____

2. Extracurricular Activities/Awards and Honors

Please list school activities, volunteer work, or job experience in which you have participated in the last four years (i.e. sports, choir, student government, band, church work, community services, volunteer work, paid positions) and give a brief description of your role and responsibilities. Attach additional page if necessary.

Activity Name and Description	Years Participating	Leadership position? ☐ No ☐ Yes (Please explain)

Please list awards and honors you have received in the last four years. Attach additional page if necessary.

Name of Award or Honor	Date Received	Presented By	Presented For

3. Personal Essay

On a separate sheet of paper, please answer the following two prompts. For each prompt, please answer with a minimum of 500 words.

1. What obstacles have you faced because of your disability and how have you overcome them?

2. Describe your future career objectives, including what you like about the job you want to do and why you think it is a good match for your interests, skills, and abilities. Also explain how the scholarship award would help you achieve your goals.

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 <u>applied</u>** for a Society's Assets Scholarship.
Check one box on this line. ☐ I have **OR** ☐ I have not **previously <u>received</u>** 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 submitted by March 16, 2026. Please follow up to make sure that your recommendations were submitted. Recommendation Forms should be mailed by March 16, 2026 to:

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

Or email by March 16, 2026 to:
dmenarek@societysassets.org
Or FAX by March 16, 2026 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 submitted by March 16, 2026. Please follow up to make sure that your Physician Verification Form was submitted. The Physician Verification Form should be mailed by March 16, 2026 to:

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

Or email by March 16, 2026 to:
dmenarek@societysassets.org
Or FAX by March 16, 2026 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 March 16, 2026.

☐ 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 March 16, 2026, 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 March 16, 2026.

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 March 16, 2026, 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 March 15, 2025.

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