



Friends of Allegany Arc 2023 Scholarship

The Friends of Allegany Arc 2023 Scholarship Guidelines

Eligibility and Requirements:

1. High school student, who is an Allegany County resident, planning to enroll in college full-time in the fall 2023 and pursue a degree in a field related to working with people with intellectual or developmental disabilities. This includes Occupational, Physical and Speech Therapies, Nursing, Special Education or the Human Service field.
2. Applicants must be a Member of The Arc Allegany-Steuben. If the applicant is younger than 18 years of age, their parent/guardian must be a member (application attached or become a member online at: www.thearcas.org/get-involved/become-a-member/).
3. Must have a 2.0 GPA and submit a current transcript as proof.
4. Submit an essay to explain your future educational and employment objectives for a career working with people with intellectual and/or developmental disabilities. The maximum is 250 words and the preferred font is Times New Roman/size 12.
5. Two signed letters of recommendation must be included with the application in sealed envelopes from someone who knows your academic and/or community service (teacher, adviser, coach, clergy, etc. - but no relatives).
6. Please attach a resume and/or personal biography (one page) and a copy of your high school transcript with this scholarship application. Include extra-curricular and community activities, as well as employment and volunteer experiences.
7. One \$1,000 scholarship will be awarded. The first half will be paid to the recipient upon receipt of proof of college enrollment for the fall 2023 semester and the remainder will be paid upon receipt of first semester grades indicating a GPA of at least 2.0 and proof of enrollment for the spring 2024 semester. Equal installments will be paid if on a trimester.

Please use the application on the following page to apply for consideration.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Telephone: _____

E-mail address: _____ Name of High School attending: _____

Name of post secondary school you plan to attend. If unknown, please list in order of preference where applications have been sent:

1) Name of School: _____

City and State: _____

Intended Major/Course of Study: _____

2) Name of School: _____

City and State: _____

Intended Major/Course of Study: _____

Please return completed application and requested attachments **by Sunday, April 30, 2023** to:

Carrie Redman
Friends Foundation
50 Farnum Street
Wellsville, NY 14895

(585) 593-5700 Ext. 514
carrie.redman@thearcas.org

Signature of Applicant: _____ Date: _____



The Arc Allegany-Steuben
One Arc Way
Bath, NY 14810
607-776-4146
www.thearcas.org

2023 Membership Form

Name: _____ Phone Number: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Are you an Arc Allegany-Steuben Associate? If so, what is your work location? _____

- Sign me up to become an Arc Allegany-Steuben Member!
 - \$5 Year Membership \$50 Lifetime Membership
- I am a person who receives services from Arc Allegany-Steuben and want to become a Member!
 - \$5 Year Membership \$10 Lifetime Membership

Thank you for becoming a Member!
Receive 1 free Arc t-shirt per paid Membership

<input type="checkbox"/> Small	<input type="checkbox"/> XL	<input type="checkbox"/> 4XL
<input type="checkbox"/> Medium	<input type="checkbox"/> 2XL	<input type="checkbox"/> 5XL
<input type="checkbox"/> Large	<input type="checkbox"/> 3XL	

BOGO! Two-for-one Lifetime Membership offer - please give a Lifetime Membership gift to:

Name: _____ Phone Number: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Are you an Arc Allegany-Steuben Associate? If so, what is your work location? _____

Additional Memberships:

Name: _____ Phone Number: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Are you an Arc Allegany-Steuben Associate? If so, what is your work location? _____

Payment:

- check made out to Arc Allegany-Steuben (enclosed) credit card: Visa MasterCard Am Ex Discover
- payroll deduction (Arc Allegany-Steuben associates only) card number: _____
- bill me three-digit security code: _____ expiration date: _____
- signature: _____ zip code: _____

The Arc Allegany-Steuben's mission is to support and respect people's choices on their journey to independence.