

Information continues from front flap.

Keep this cover sheet.

### How many awards will be given?

The number and amount of awards will be determined. The Scholarship Awards are supported by the annual golf outing fundraiser.

### When is scholarship money received?

Scholarship awards will be presented at the Society's Assets golf outing in June 2020. Recipients will be notified by letter in May and invited to the recognition dinner at the outing. 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 web site.

### What are the application procedures?

Complete the attached application. Submit a personal essay, following the required format. Ask others to complete three recommendations and a verification form, following the guidelines noted. All materials (application, personal essay, recommendations, and verification form) must be postmarked no later than February 1, 2020.

### Is additional information available?

For more information contact the Community Outreach Coordinator, 5200 Washington Avenue, Suite 225, Racine, Wisconsin 53406.

(262) 637-9128 FAX (262) 637-8646  
(866) 840-9761 TTY Video Phone (262) 631-3531

E-mail: [info@societysassets.org](mailto:info@societysassets.org)

Website: [www.societysassets.org](http://www.societysassets.org)

Keep this cover sheet for your records.

Application Materials Sent (Date) \_\_\_\_\_

(Must Be Postmarked By February 1, 2020)

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

**Offices in Racine, Kenosha, and Elkhorn**  
**Racine (262) 637-9128 (866) 840-9761 TTY**  
**Kenosha (262) 657-3999 (866) 840-9762 TTY**  
**Elkhorn (262) 723-8181 (866) 840-9763 TTY**



## Scholarship Awards 2020

### **Assisting People with Disabilities in Reaching Their Educational and Career Goals**

#### Who should apply?

- A. The applicant must have, have a record of, or be regarded as having a **permanent and substantial** (as opposed to a minor) disability. The verification form must be completed and submitted by a physician.
- 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 (or those of its subsidiaries) 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	20%
3. Personal Essay	25%
4. Recommendations (3)	15%
5. Disability Assessment	10%

Continue on back flap.

# Society's Assets

## Scholarship Award Application 2020

**Postmark deadline is February 1, 2020.**

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.)**

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Last Name

First Name

Middle Initial

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Permanent Home Mailing Address (Street and Apartment)

City

State

Zip

---

Telephone Numbers (With Area Codes)

(Home)

(Work)

(Cell)

---

Email Address

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Date of Birth (Month/Date/Year)

Social Security Number (Optional, But May be Required if Award is Received)

### ***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.

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Applicant's Signature

Date

*Continue on next page. Do not include your name on the next three pages.*

**1. Academic Record**

A high school transcript of grades must be included. 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 \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_ Graduation Date \_\_\_\_\_

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**A high school official must complete this section.**

Applicant Class Rank \_\_\_\_\_ Number of Students in Graduating Class \_\_\_\_\_

Cumulative grade point average on a **4.0 (unweighted)** scale is \_\_\_\_\_ .

**IF APPLICABLE** Cumulative grade point average on a 4.0 scale for college or vo-tech students with at least two full semesters is \_\_\_\_\_ .

\_\_\_\_\_ SAT Verbal    \_\_\_\_\_ Math    \_\_\_\_\_ ACT English    \_\_\_\_\_ Math

School Official's Name \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

School Official's Business Address (Street) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

School Official's Signature \_\_\_\_\_

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**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 2020-2021 school year. 1 2 3 4 5 Graduate Study

Intended Major/Degree \_\_\_\_\_

Anticipated Date of Graduation (Month/Year) \_\_\_\_\_

**2. Extracurricular Activities/Awards and Honors**

List all school and community activities in which you have participated during the past four years (i.e. sports, choir, student government, band, church work, community services, volunteer work). Separate high school and college activities.

Activity	Number of Years	Have you held a leadership position? If so, what?

List all awards and honors, separating high school and college awards. (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, describe:

1. Your past academic, vocational, and/or other achievements,
2. 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, and
3. How the scholarship award would help you achieve your goals.

Complete the essay using no more than 250 of your own words. Note that the judges will be assessing your written communication skills.

(Note: One page of double-spaced typing is approximately 250 words.)

### 4. Recommendations

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, 2020. Please follow up to make sure that your recommendations were submitted. Recommendation Forms should be sent to:

Scholarship Committee, c/o Community Outreach Coordinator  
Society's Assets  
5200 Washington Avenue, Suite 225  
Racine, Wisconsin 53406

### Applicant Information and Verification Form

Permanent and Substantial Physical or Sensory Disability \_\_\_\_\_

Briefly describe how the disability affects your daily life, including mention of the adaptive equipment you need.

Ask your physician or health professional to complete and submit the enclosed Verification Form. The form must be postmarked by February 1, 2020. The Verification Form should be sent to:

Scholarship Committee, c/o Community Outreach Coordinator  
Society's Assets  
5200 Washington Avenue, Suite 225  
Racine, Wisconsin 53406

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.

### Applicant Checklist

This application for a Society's Assets scholarship becomes valid only when you return all of the following materials, completed as directed, postmarked by February 1, 2020.

Scholarship Award Application (Including Personal Essay, Recommendations, and Verification Form)

High School Transcript of Grades

College Transcript, If You Have Completed at Least Two Full Semesters

Send your scholarship application materials to: **Scholarship Committee, c/o Community Outreach Coordinator**  
**Society's Assets**  
**5200 Washington Avenue, Suite 225**  
**Racine, Wisconsin 53406**

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, 2020, 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. Attach a separate sheet of paper if necessary.**

Send to: **Scholarship Committee, c/o Community Outreach Coordinator**  
**Society's Assets, 5200 Washington Avenue, Suite 225, Racine, Wisconsin 53406**  
**Or FAX with your cover sheet to (262) 637-8646 by February 1, 2020.**

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

Applicant  
Number  
\_\_\_\_\_

Applicant's Name \_\_\_\_\_

Applicant's Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Applicant Number \_\_\_\_\_

## 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, 2020, please notify the applicant. Call (262) 637-9128 if you have any questions. **Please print or type neatly. Attach a separate sheet of paper if necessary.**

Send to: *Scholarship Committee, c/o Community Outreach Coordinator  
Society's Assets, 5200 Washington Avenue, Suite 225, Racine, Wisconsin 53406  
Or FAX with your cover sheet to (262) 637-8646 by February 1, 2020.*

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

2. What is the applicant's permanent and substantial 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. Age at Diagnosis(es) \_\_\_\_\_

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

Please explain. \_\_\_\_\_

Your Name \_\_\_\_\_ Address/City/State/Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_