



## Friends of Allegany Arc 2024 Scholarship

### The Friends of Allegany Arc 2024 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 2024 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. Must have a 2.0 GPA and submit a current transcript as proof.
3. 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.
4. 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).
5. 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.
6. 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 2024 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 2025 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 Tuesday, April 30, 2024** to:

Carrie Redman  
Friends Foundation  
50 Farnum Street  
Wellsville, NY 14895

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

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_