Friends of Allegany Arc 2025 Scholarship

The Friends of Allegany Arc 2025 Scholarship Guidelines

Eligibility and Requirements:

1. An Allegany County High School Student or Arc Allegany-Steuben Associate planning to enroll in college during the fall 2025 semester 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. **If you are a High School Student:** 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.
   If you are an Arc Allegany-Steuben Associate: Please attach a resume and/or personal biography (one page) with this scholarship application. Include community activities, as well as employment and volunteer experiences.

6. One $2,000 scholarship will be awarded. The first half will be paid to the recipient upon receipt of proof of college enrollment for the fall 2025 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 2026 semester. Equal installments will be paid if on a trimester.

50 Farnum Street Wellsville, NY 14895
ph: 585-593-5700 fax: 585-593-5957

Please complete the application below 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: _____

Return completed application and requested attachments **by Wednesday, April 30, 2025** to:

Carrie Redman
Friends Foundation
50 Farnum Street
Wellsville, NY 14895

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

Signature of Applicant: _____ Date: _____