



Dear Applicant,

Thank you for your interest in the *Celebrate Differences* scholarship. In the following pages you will find all the information you need to apply for the 2010 scholarship. This is the fourth year that the scholarship is being offered. There will be two scholarships in the amount of \$500.00 each awarded this year.

I would recommend that you apply for the scholarship if you are thinking about applying for a post secondary program or are considering taking courses. Even if you have not yet decided whether you will actually take a course, or if you have not been accepted into the program you want, you may still apply. Applications will not be accepted past the May 31, 2010 deadline. Recipients will be notified by mail and/or email no later than July 30, 2010.

If you have any questions, please do not hesitate to contact me at 630-885-3006 or [info@celebratedifferences.org](mailto:info@celebratedifferences.org).

Good luck!!!

Best wishes,

Rebecca Christiansen  
President

## 2010 Academic Scholarship

Academic scholarships will be awarded to individuals with disabilities, defined as someone who has a physical or mental impairment that substantially limits one or more major life activities, pursuing a post secondary educational program or enrichment course. The scholarship money must be used for tuition or books. Funds will be disbursed directly to the college. The scholarship recipients will be notified by mail and/or email no later than July 30, 2010. At that time, an address and a social security number will need to be submitted so that funds may be disbursed.

**Application Procedures:** You should complete the application as independently as possible. The applications may be typed (preferred) or printed neatly.

**Application packets must include:**

\_ Complete the application form

\_ Official transcript

\_ Two letters of reference. One reference must be from a person other than a family member able to speak to the applicant's character; the other reference must be from a teacher or educator who has had extended contact with the applicant within the last two years. (Use the enclosed forms) Forms must be returned in sealed envelopes.

\_ Get to Know Me Item **and/or** a completed All About Me Form

\_ Parent/Guardian Information Form (Must be filled out by a parent or guardian)

**All application packets must be complete to be considered.**

**A final interview may be requested at the discretion of the Celebrate Differences Board of Directors.**

**All recipients will be required to submit official transcripts at the end of the year that the award was granted.**

**Send scholarship application packet postmarked no later than May 31, 2010 to:**

Celebrate Differences  
2758 B Route 34 Ste 327  
Oswego, IL 60543

You will receive an e-mail or letter confirmation that your packet was received. You will receive an e-mail or letter letting you know if you received the scholarship.

# Application Form

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

E-mail address \_\_\_\_\_

Date of Birth \_\_\_\_\_  
Month Day Year

Are you involved with a Support Group?  Yes  No

If yes, please provide the name of the Support Group.

\_\_\_\_\_

Do you prefer to be contacted by regular mail or e-mail?

\_\_\_\_\_

I understand that I am applying for a scholarship to help me to continue studying at or to enroll in a post secondary education program. The information provided is my own work and represents my thoughts. If I am selected to receive this scholarship, I am aware that I will need to provide documentation as to what my social security number is so that my scholarship may be processed in a timely fashion. I verify that I meet the following eligibility - I have a disability and that I am 18 years of age or older and that I reside in the state of Illinois and that intend to continue studying or enrolling in a post secondary program or course.

**Signature** \_\_\_\_\_

**Print Name** \_\_\_\_\_

**Date** \_\_\_\_\_

# Recommendation Letter

## ABOUT THE APPLICANT

Name \_\_\_\_\_

Phone Number \_\_\_\_\_

E-mail address \_\_\_\_\_

## ABOUT THE PERSON WRITING THE RECOMMENDATION

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone number \_\_\_\_\_

E-mail address \_\_\_\_\_

Relationship to the Applicant \_\_\_\_\_

I have known the applicant for \_\_\_\_\_

## PROCEDURE

Please use a separate sheet of paper to discuss the following:

1. Describe how the applicant has impacted your life.
2. Describe the applicant's motivation to overcome his/her disability.

**These letters should be no more than one (1) typed page in length. Please sign your letter, seal the letter in an envelope and sign across the seal. Return the letter to the applicant, who needs to enclose the letter in the application packet. The applicant must return the completed application package to Celebrate Differences no later than May 31, 2010.**

# Recommendation Letter

## ABOUT THE APPLICANT

Name \_\_\_\_\_

Phone Number \_\_\_\_\_

E-mail address \_\_\_\_\_

## ABOUT THE PERSON WRITING THE RECOMMENDATION

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone number \_\_\_\_\_

E-mail address \_\_\_\_\_

Relationship to the Applicant \_\_\_\_\_

I have known the applicant for \_\_\_\_\_

## PROCEDURE

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## **Get To Know Me**

**Please include in your packet, an item that tells us about you. This might be a photograph, an essay, a drawing a poem or a painting. Be creative. Items will not be returned.**

## All About Me

Please answer the following question to the best of your ability. Answers should be brief, but you may attach additional sheets of paper, if necessary. Please print your name on additional sheets.

1. **Discuss the following areas as it pertains to you. (You may not have an answer for each one.)**

**I have the following hobbies :( i.e., extracurricular activities, work, sports and clubs)**

**My other interests include:**

2. **List at least two academic and two personal goals you have for your future:**

3. **Please include the reason of why you have these goals.**

**Name** \_\_\_\_\_

## Parent/Guardian Information

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

E-mail address \_\_\_\_\_

Relationship to the applicant:

\_\_\_\_\_

**Please discuss any assistance the applicant received in completing this application. (This will not affect the decision process).**

I understand that \_\_\_\_\_ is applying for a scholarship to help financially with a post secondary education program/course. If he/she is awarded this scholarship, I will help to ensure that he/she is able to attend. I certify that he/she meets the eligibility criteria listed on the application form.

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

\_\_\_\_\_  
Print Name