

## **Scholarship Application**

To Prospective Applicant,

One of Alleghenies United Cerebral Palsy's primary objectives has been promoting education among our organization, those with disabilities, and the community. To this end, Alleghenies United Cerebral Palsy has created a scholarship program. Scholarships are awarded to qualifying senior applicants graduating from their school in 2025 and enrolled in undergraduate or technical programs.

The scholarship amount will be confirmed by May 31, 2025, so please check our website for details. The 2025 Scholarship Application is attached to this letter. You must review the application carefully to become familiar with the required items. Be sure to refer to page 2 of the application for a checklist of items that must accompany your application. Incomplete applications will be disqualified.

The personal information submitted below will generate all correspondence and award agreements. So, please use proper spelling, capitalization, and punctuation.

Please contact me if I can assist you or if you have any questions concerning the application.

All completed applications should be postmarked by March 31, 2025, and mailed to (if completed electronically, must be emailed by 11:59 p.m. March 31, 2025). Alleghenies United Cerebral Palsy Scholarship Committee 119 Jari Drive Suite 4 Johnstown, PA 15904 Phone: (814) 619-3398 Fax: (814)262-7174 Scholarships@scalucp.org

Sincerely,

(who will be responsible for reviewing the application?)

Your application and all supplementary material become the property of Alleghenies United Cerebral Palsy and cannot be returned. You are encouraged to make a photocopy of your application before submission.



## **Scholarship Application**

ns:			Date of Birth:								
Phor	ione					Email					
Graduating From: (Highschool)											
Date of Graduation		Cumulative					GPA				
Activitie	s										
Have you been accepted to a university or college?						Start Da	ite				
					Course of Study						
Have you received any other scholarships?				Will you work while in school?							
Do you have a disability or plan to work in a human service field?											
Applicant Signature			Date								
Witness Signature			Date								
Please ensure the following are attached to this application:											
<ul> <li>Must submit a copy of the first two pages of their own (if independent) or their parent(s)' (if claimed as a dependent) complete IRS forms and completed Free Application for Federal Student Aid (FAFSA)—black out all Social Security Numbers.</li> <li>Write an essay, typed or handwritten clearly (one page only, no more than 500 words). How will this scholarship help you achieve your education and yoeational goals?</li> </ul>				<ul> <li>Include a non-returnable wallet-sized recent photo for the possible use of the Alleghenies United Cerebral Palsy. By submitting a picture, the organization reserves the right to use the submitted photo in publications concerning the scholarship.</li> <li>Copy of Academic Transcript</li> <li>Copy of SAT Scores</li> </ul>							
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