



The Ability Center

Scholarship Application

The Ability Center
5605 Monroe Street
Sylvania, OH 43560

419-885-5733
Fax 419-882-4813
www.abilitycenter.org

For scholarship consideration, you must meet all eligibility requirements and submit this application by March 31, 2022:

The Ability Center of Greater Toledo
Attn: Lisa Justice
5605 Monroe Street
Sylvania, Ohio 43560
ljustice@abilitycenter.org (For questions only)

Instructions for Completing Application:

- Attach your current certified transcript. Must have 3.0 GPA.
 - High school seniors must enclose proof of acceptance into a college or university.
 - New graduate students must enclose proof of acceptance into a graduate program.
 - Please include only three written references from individuals unrelated to you.
 - Include your essay.
 - Complete the entire application.
- Incomplete or late applications will prevent you from scholarship consideration.*

Student's Name: _____

Birth Date: _____ Disability: _____

Email: _____

Permanent Address

PLEASE NOTE: To be eligible, student's permanent address must be in our service area of **Defiance, Fulton, Henry, Lucas, Ottawa, Wood, or Williams** counties in Ohio, or **Monroe or Lenawee** counties in Michigan.

Home Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Cell: _____

Parent or Guardian's Name (if applicable): _____

Please check your current student status (all that apply):

- | | | |
|---|--|---|
| <input type="checkbox"/> Commuting from Parents' Home | <input type="checkbox"/> Certificate Program | <input type="checkbox"/> Junior |
| <input type="checkbox"/> Dormitory Resident | <input type="checkbox"/> Entering Freshman | <input type="checkbox"/> Senior |
| <input type="checkbox"/> Off-Campus Resident | <input type="checkbox"/> Sophomore | <input type="checkbox"/> Graduate Student |

Current Employment

Company: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Hours Worked Weekly: _____

Please attach a 1-2 page typed essay addressing the following:

How does your disability affect your life?

What sets you apart from your peers?

If you receive this scholarship how will you give back to your community?

Please share any career objectives, plans, personal goals, academic, or personal qualities you believe will help the Scholarship Committee make a favorable decision regarding your application.

Please keep in mind that the content of your essay will be a major factor in selecting the scholarship winners.

Academic Information

Applicants must have a **cumulative GPA of at least 3.0.**

High School GPA: _____ (If still in high school)

College GPA: _____ College Name: _____

School Attendance: Full-Time Part-Time Academic Major: _____

Estimated Graduation Date: _____ Total Credit Hours Earned: _____

Extra-Curricular Involvement: List your work and/or volunteer experience and community service activities:

Academic Achievement: List any academic honors, department awards, scholarships, assistantships or special financial circumstances that you would like the scholarship committee to consider when reviewing this application:

Work Experience

Please indicate specific jobs held and dates of employment, if applicable.

Scholarships and Grants

Please list any scholarships or grants you will be receiving for the school year:

Reference Information

Please list the names, addresses, and telephone numbers of three personal or professional references who are not family members. Please send your reference forms to these three individuals for completion.

Reference One			
Name: _____			
Address: _____			
City: _____	State: _____	Zip Code: _____	
Phone: _____	Cell: _____		

Reference Two			
Name: _____			
Address: _____			
City: _____	State: _____	Zip Code: _____	
Phone: _____	Cell: _____		

Reference Three			
Name: _____			
Address: _____			
City: _____	State: _____	Zip Code: _____	
Phone: _____	Cell: _____		

Although scholarships do not automatically renew, past recipients may reapply. You must complete a scholarship application every year. The degree of financial need is not the sole determinant in the selection process.

The Scholarship Committee will select several finalists who meet the above requirements. The Scholarship Committee may contact finalists to arrange interviews.

Applicant's signature grants The Ability Center of Greater Toledo permission to access related information for the purpose of scholarship consideration.

Applicant Signature

Date Signed

Parent / Guardian Signature *(if applicable)*

Date Signed



Reference Form

THE ABILITY CENTER
Of Greater Toledo
5605 Monroe Street
Sylvania OH 43560
Phone: (419) 885-5733
Toll Free: (866) 885-5733
Fax: (419) 882-4813
www.abilitycenter.org

Dear _____

I am applying for a scholarship and request that you complete this Reference Form and return it to me in a sealed envelope. The scholarship committee of The Ability Center of Greater Toledo must receive my application, along with your reference, by **March 31, 2022**.

Scholarship Applicant Information

Applicant's Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Cell: _____

1. How long have you known the applicant and in what capacity?

2. What characteristics does the applicant possess that would help them to succeed in their educational endeavors?

3. Are there unique factors that make the applicant especially worthy of receiving scholarship support?

4. Additional Comments.

Reference Information

Name: _____

Title: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Cell: _____

Please return this Reference Form to the applicant in a sealed envelope. The application packet is due to the Scholarship Committee no later than **March 31, 2022.**

Your Signature

Date Signed