The Ability Center 5605 Monroe Street Sylvania, OH 43560

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

Awarded up to \$5,000. For scholarship consideration, you must meet all eligibility requirements and submit this application by <u>February 18, 2025</u>.

The Ability Center of Greater Toledo Attn: Maggie Dreier 5605 Monroe Street Sylvania, OH 43560

scholarships@abilitycenter.org (Submit application, recommendation form(s), and essay questions)

Instructions for Completing Application:

Attach your current transcript or, if applicable, your most recent transcript. A minimum 3.0 GPA is required.			
— High school seniors must enclose prod acceptance.	of of acceptance into a college,	university, program, or trade	
New graduate students must enclose proof of acceptance into a graduate program, trade or certification program.			
Include references in a separate downl	oadable PDF when you email y	our application.	
Complete the entire application.			
Incomplete or late applications will pr	event you from scholarship co	onsideration.	
PLEASE NOTE: To be eligible, student's Fulton, Henry, Lucas, Ottawa, Wood, V Seneca in Ohio, or Monroe or Lenawee	Villiams, Allen, Hancock, Pa		
Student's Name:			
Birth Date:	Disability:		
Email:	Phone:		
Home Address:			
City:	State:	Zip Code:	
Parent or Guardian's Name (if under 18)):		

Current Employment (if applicable)				
Company:				
City:			Zip Code:	
Role/Title:				
Supervisor Name:				
Work Experience Please indicate specific jok		ployment, if ap	plicable.	
Academic Information Applicants must have a cur depending on your current	mulative GPA of at leas academic status.		l out your current school details	
High School GPA:				
College GPA:	College Name: _			
Academic Major:				
Trade School:		_ Trade Progr	am:	
Certification Program: _				
Estimated Graduation Date	e:	Total Credit	Hours Earned:	
School Attendance: O F	- Full-Time	ne		

Please complete the following essay questions:
What does independent living mean to you and how do you demonstrate that philosophy?
How will your education help you enact positive change for people with disabilities in your community?
Recommendation Questions (optional – found separately on our website):
What is your experience with this applicant?
What qualities does this person demonstrate that will make a positive impact on the community?

Parent / Guardian Signature (if under 18)	Date Signed
Applicant Signature	Date Signed
Applicant's signature grants The Ability Center of Great information for the purpose of scholarship consideration	•
The Scholarship Committee will select several finalists v	·
Although scholarships do not automatically renew, past a scholarship application every year. The degree of fina selection process.	
Use of Funds Please indicate how you plan to use the scholarship fun accommodations, books, or other expenses).	ds (e.g., tuition/schooling, certification,
Extra-Curricular Involvement List your volunteer experience and community service a	activities.
Academic Achievement List any academic honors, department awards, scholars circumstances that you would like the scholarship come application.	·