



The Ability Center

The Ability Center
5605 Monroe Street
Sylvania, OH 43560

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

Scholarship Application

*Awarded up to \$5,000. For scholarship consideration, you must meet all eligibility requirements and submit this application by **March 2, 2025**.*

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 proof of acceptance into a college, university, program, or trade acceptance.
- ___ New graduate students must enclose proof of acceptance into a graduate program, trade or certification program.
- ___ (Optional) Recommendation form(s) must be sent directly by the recommender to the same email.
- ___ Complete the entire application, including essay questions, with responses of up to 1,000 words each.
Incomplete or late applications will prevent you from scholarship consideration.

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

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: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Role/Title: _____

Supervisor Name: _____ Phone: _____

Work Experience

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

Academic Information

Applicants must have a **cumulative GPA of at least 3.0**. Please fill out your current school details depending on your current academic status.

High School GPA: _____ High School Name: _____

College GPA: _____ College Name: _____

Academic Major: _____

Trade School: _____ Trade Program: _____

Certification Program: _____

Estimated Graduation Date: _____ Total Credit Hours Earned: _____

School Attendance: Full-Time Part-Time

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?

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.

Extra-Curricular Involvement

List your volunteer experience and community service activities.

Use of Funds

Please indicate how you plan to use the scholarship funds (e.g., tuition/schooling, certification, accommodations, books, or other expenses).

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.

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 under 18*)

Date Signed