

The Arc of Texas

2009-2010 Don Miller Memorial Scholarship Application

Submit By 7/10/09

Applicant Information

Full Name: _____ Date _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: () _____ Cell Phone: () _____

E-mail Address: _____

Educational Information

Name of College/University you intend to attend for Fall/Spring of 2009-2010: _____

Have you been accepted for enrollment or have registered for the fall semester? YES NO Your status in the coming fall semester: Junior Senior

Major: _____ Minor: _____

What is your current cumulative GPA? _____

Narrative Information:

State your justification for financial assistance:

State your future career goal(s):

State how your career goal(s) will advance the mission of The Arc of Texas ("To create opportunities for people with intellectual and developmental disabilities to be included in their communities and make the choices that affect their lives"):

Affirmation and Signature

I affirm that my answers are true and complete to the best of my knowledge.

Do
Not
Write
Here

Signature: _____

Attach the following to this application:

1. Notification of acceptance/or proof of registration for the fall semester from the College/University
2. Copy of most recent transcript with cumulative GPA
3. Three reference letters:
 - A teacher who has taught the applicant
 - A person in your intended career field
 - A character/personal reference

Mail all materials to:

The Arc of Texas
Attn: Don Miller Memorial Scholarship
8001 Centre Park Drive
Suite 100
Austin, TX 78756

Or fax to:
(512) 454-4956