



431 Jackson Avenue
Altoona, PA 16602

Phone: 814-946-1011

Fax: 814-946-1013

E-mail: mail@thearcblair.org

www.thearcblair.org

Scholarship Application

Intention:

The Scholarship Opportunity Fund was established to provide support to individuals with developmental disabilities, their families and Arc volunteers to attend trainings, workshops, conferences and other educational opportunities in the developmental disability field.

Applications will be received throughout the year, but will be limited to one application per individual, volunteer or family in a calendar year (January through December).

Each application will be considered individually and a scholarship amount will be awarded based on the request and financial need of the person applying. Funding availability is based on the amount of interest income the designated funds have earned during the previous calendar year. Each year the amount available will change. If the scholarship fund account is depleted during a specific year, additional scholarship applications will not be considered for that year.

Application Process:

1. Submit a scholarship application at least 4 weeks prior to the workshop you wish to attend. Forms can be picked up at The Arc office or electronically by email at: mail@thearcblair.org.
2. A scholarship committee, chaired by a member of the Board of Directors of the Arc, will review the request. All requests will be considered for approval or denial based on information on the application and the funds available per fiscal year.
3. If the review committee approves your application, a check for the amount requested will be written to the name of the organization sponsoring the training. In the case of mileage reimbursement or other eligible items, proof of attendance will be necessary before reimbursement approved.
4. Applications are limited to one scholarship per year individual, family or volunteer.

The Arc of Blair County Scholarship Application

Date of Application: _____

Name: _____

Address: _____

City: _____

State: _____

Zip: _____

Phone Number: _____

Email: _____

Title of Training: _____

Date of Training: _____

Location of Training: _____

Sponsor or Host Organization Presenting the Training: _____

Detailed Description of Training:

How do you intend to use the materials presented/how will attending the training benefit you?

I am applying for (please check all that apply):

- Mileage reimbursement to attend conference
- Payment to sponsoring organization for conference
- Materials/Resources for Program
- Other (please specify): _____

Total Amount of Scholarship Fund Requested: \$ _____

Please attach all receipts, training announcements, registration forms,
or other paperwork related to this training

OFFICE USE ONLY:
Date Scholarship Committee Met: _____
Approved ____ or Denied ____ Application. Comments: _____

Amount of Scholarship Awarded: _____
Applicant notified of results on ____/____/____