Sponsoring True Advocacy for Challenged Youth (STACY)

2019 Scholarship Application

Application Deadline:
September 15, 2019

Applications received after September 15, 2019 will not be considered.
E-mail completed applications to Paul_Houser@yahoo.com.

Visit www.trueadvocacy.com to learn more.

Thank you for applying for the 2019 Sponsoring True Advocacy for Challenged Youth ("STACY") scholarship. STACY is an organization advocating for children with special needs and their families by developing essential programs, organizing community events, and sharing resources in the Greater Sacramento Area.

The selected applicant(s) will receive up to a **$1,000.00** scholarship to help fund their college tuition and/or miscellaneous education expenses. Completing this application will provide the STACY Board members with information about each applicant. The STACY Board will review and evaluate each completed application submitted by the **September 15, 2019** deadline and select the applicant(s) who best exemplifies STACY values and furthers the mission of the organization. The selection of the applicant(s) is at the sole discretion of the STACY Board and considered final. Once selected, the Board will notify the recipient(s) by October 1, 2019.

ELIGIBILITY CRITERIA: To be eligible, the applicant must be: (1) at least seventeen (17) years of age; (2) admitted to or enrolled in an educational institution that is formally recognized as an accredited institution by the United States Department of Education (https://www.ed.gov/accreditation); and be a student in good standing at their currently enrolled school. Certified copies of the applicant's most recent transcripts must be submitted with this application or prior to receipt of the scholarship award. The applicant should have a proven desire to participate in the advancement of individuals with disabilities and their families.

FULL NAME:
MAILING ADDRESS:
TELEPHONE NUMBER:
E-MAIL ADDRESS:
DATE OF BIRTH:

HIGH SCHOOL(S) (Name, Address, Telephone Number):

HIGH SCHOOL GRADUATION DATE:
CUMULATIVE GPA:
EXTRACURRICULAR ACTIVITIES:

COLLEGE/UNIVERSITY (Name, Address, Telephone Number):

MAJOR/MINOR (Academic subject, if known):
CUMULATIVE GPA:
COLLEGE/UNIVERSITY GRADUATION DATE:
DEGREE PURSUING (BA, BS, MA, MS, etc.):
EXTRACURRICULAR ACTIVITIES:

EMPLOYMENT HISTORY (Employer, dates employed, title, responsibilities):

PERSONAL STATEMENT QUESTIONNAIRE

****Please attach separate page(s) if you need more space to complete your responses.**

1.) Please describe yourself.

2.) What are your educational goals?

3.) What career path(s) are you currently pursuing and/or interested in pursuing?

4.) What does “advocacy” mean to you?

5.) Have you ever volunteered or participated in community service? If so, how?

6.) Please describe any advocacy, involvement, or activities you have participated in with individuals with disabilities and/or their families.

7.) How do you believe communities can better support individuals with special needs and their families?

8.) Do you have any leadership experience? Please describe your experience(s).

9.) What has been the biggest challenge in your life? What have you learned by facing it?

10.) What sets you apart and makes you the most deserving candidate to receive this scholarship?

APPLICATION CERTIFICATION

I certify that I am the person herein named submitting this application; that I have read the complete application, know the full content thereof, and declare under penalty of perjury, that all the information contained herein and evidence or other credentials submitted herewith are true and correct and that I am willing to sign, or have signed this application. I authorize Sponsoring True Advocacy for Challenged Youth ("STACY") representatives to verify any information submitted as part of this application. I understand that falsification of information contained in this application will disqualify my application. By signing below, I acknowledge that I meet all minimum eligibility criteria as set forth above. I understand that once submitted, my application and supporting documents become the property of STACY and selected non-confidential information may be used for organizational purposes including but not limited to, advertising/marketing, program reports, newsletters, and other publications.

STACY is a non-profit organization that advocates for children, young adults, and families. STACY requests your permission to reproduce through printed, audio, visual, or electronic means activities in which you have participated in that is associated with STACY. Your authorization will enable STACY to use specifically prepared materials that may contain a photograph(s) of you in one or more of the aforementioned mediums that will allow STACY to use your photograph for promotional materials that will increase public awareness of STACY through the use of mass media, the STACY website, brochures, articles, newsletters, etc.

I, as an applicant, fully authorize and grant STACY and its authorized representatives, the right to print, photograph, record, and edit as desired, the biographical information, name, image, likeness, and/or voice of the above-named participant on audio, video, film, slide, or any other electronics and printed formats, currently developed, ("Media") for the purposes stated or related to the above.

I hereby give consent to be photographed and agree that STACY may exclusively use any and all photographs, which may be taken during my participation, for organizational purposes only and as further described herein. I further understand, agree, and give permission to STACY to: (1) display any such photograph(s) on the STACY website (www.trueadvocacy.com), and (2) otherwise use any such photograph(s) in STACY promotional materials, as described above.

I understand and agree that the use of such Media will be without any compensation to the participant applicant. I understand and agree that STACY and/or its authorized representatives shall have the exclusive right, title, and interest including copyright, in the aforementioned Media. I understand and agree that STACY and/or its authorized representatives shall have the unlimited right to use the Media for any purposes stated or related to the above.

I hereby release and hold harmless STACY and its authorized representatives from any and all actions, claims, damages, costs, or expenses, including attorney's fees, brought by the applicant which relate to or arise out of any use of this Media as specified above. My signature shows that I have read and understand the release and I agree to comply with the provisions set forth above.

Applicant Signature

Printed Name

Date

*Parent/Guardian Signature (if applicable)

*Printed Name (if applicable)

*Parent/Guardian signature only required if the applicant is under the age of eighteen (18).