The Dedham Commission on Disability awards a scholarship to a **Dedham resident who** has graduated from high school and is planning to start a new career or continue his/her/their education at a college, university, or technical school. This \$1,500 scholarship will be awarded for the second semester of the first year of study. Each applicant will be reviewed and considered using the following criteria:

An applicant with a disability

*NOTE: All information received will be kept confidential.

- An applicant planning to pursue a career in the field of disabilities
- An applicant who has volunteered or been paid to assist individuals with disabilities
- An applicant with a family member who has a disability

| A _I | pplications are due by May 26, 2023. | |
|----------------------------|--------------------------------------------|--|
| | APPLICATION | |
| Name of Applicant: | Phone: | |
| Home address: | Email: | |
| High School and Graduation | n Year: | |
| Post High School Education | , Professional Licenses or Certifications: | |
| School or program you plan | n to attend this fall: | |
| Have you been accented? | | |

| <u>List your work o</u> | <u>List your work or volunteer experience</u> | | |
|------------------------------|-------------------------------------------------------------------------|----------------------------------------|--|
| Job Title | Name of Employer | Dates of Employment | |
| | | | |
| | why you are applying for this schol special circumstances which support | | |
| | | | |
| | | | |
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| | | | |
| I affirm that I am accurate. | a resident of Dedham and that the staten | nents made in this application are | |
| <u>Signature</u> | | Date | |
| Completed applic | cations can be mailed or delivered to To | own Hall c/o Commission on Disability, | |

450 Washington Street, Dedham, MA 02026 by May 26, 2023.