

Father Robert F. Wagner Memorial Scholarship

The Bureau for Exceptional Children and Adults, Inc. in Holyoke at Jericho, has established the Father Robert F. Wagner Memorial Scholarship. Two \$1,000.00 scholarships will be awarded annually to students from Western Massachusetts who are graduating from high school or are enrolled at an accredited college or university.

To be eligible, a student must:

1. Be a resident of Hampden, Hampshire, Franklin or Berkshire County
2. Be a graduating high school senior or a returning student attending an accredited college or university
3. Demonstrate either an intention to pursue a degree and a career dedicated to serving persons with disabilities, or be a person with a disability seeking to further his or her education

In addition to the above eligibility requirements, financial need, academic achievement, volunteer service, and church and community activities will also be considered in selecting scholarship recipients.

The goal of this scholarship is to remember Jericho's founder, Father Bob Wagner, and to encourage and assist those who wish to follow in his footsteps by bringing dignity, respect, and wholeness to the lives of persons with disabilities. The Selection Committee will review all applications, identify the most deserving individuals based on the principles for which this memorial scholarship was created, and will make awards accordingly.

To complete the application process, the applicant must provide the following materials:

- Completed scholarship application
- Official transcript of academic records for grades 9-12 and/or undergraduate record
- Two letters of recommendation
- Statement from a physician or school administrator verifying disability (if applicable)

All materials must be postmarked by April 1, 2012.

Send completed application and all of the above required materials together to:

Father Robert F. Wagner Memorial Scholarship
The Bureau for Exceptional Children and Adults, Inc.
P.O. Box 1039
Holyoke, MA 01041-1039

The confidentiality of all materials provided will be respected. No written materials will be returned to the applicant. All scholarship recipients agree that Jericho may release their names/ photograph to the media. For additional information, call 413-538-7450 or go to www.jerichobeca.org.

Father Robert F. Wagner Memorial Scholarship Application

Personal Information

Name:		Date:	
Address:		City:	State:
Phone:		County:	Zip Code:
Social Security Number (last 4 if desired):		Date of Birth:	

Academic Information

High School:		Graduation year:	
City:	State:	GPA:	
College currently or planning to attend:		Graduation year:	
City:	State:	GPA:	
Current or intended Major:			

Financial Information

(ALL INFORMATION MUST BE PROVIDED FOR CONSIDERATION)

Do you: <input type="checkbox"/> Live with your parents <input type="checkbox"/> rent <input type="checkbox"/> own home		Number of Dependents:
Number of family members in your household?	Average monthly family income:	
Main sources of funding for college?	Estimated expenses for the fall semester:	
Do you receive any financial aid, grants, scholarships, work-study, stipends or loans? If so please specify award(s) and amounts:		
Describe any financial hardship, special need or circumstances that this scholarship would help you overcome. Be specific.		
How did you hear about this scholarship?		

Extracurricular Activities- Please describe up to 5 activities that are significant to you, this may include clubs, church and community activities, scholastic honors, non-profit volunteering, or any notable public service you have performed.

Name of activity/ Organization	Position	Years	Hours per week

Identify all leadership positions you have held:

Disability Information

If applicable, please identify the nature of your disability:

If you have a disability, please state how it has impacted your home and school life:

Essay

On a separate sheet of paper, provide a short, typewritten essay (300 words or less) explaining your career goals, what you plan to study, and why you want to further your education.

Please remember to send:

- Completed scholarship application
- Official high school/ college transcript
- Two letters of recommendation
- Statement (if applicable) from a physician or school administrator verifying disability
- Short essay

Scholarship recipients MUST attend the award ceremony on Sunday, May 6, 2012 to be eligible to receive the scholarship.

I certify that: (a) all of the information included in or submitted with this application is true and complete; (b) I meet the eligibility criteria for this scholarship; (c) if awarded a scholarship I will use the proceeds solely for the payment of tuition and required fees, room and board and/or related educational expenses; and (d) I will provide proof of same if requested.

Signature of Applicant

Date