



**COMMUNITY WORKSHOP SCHOLARSHIP AND AID FUND  
APPLICATION FORM**

**A. Applicant's Name** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_  
**Email Address:** \_\_\_\_\_  
**Permanent Address** \_\_\_\_\_  
**Full Mailing Address** \_\_\_\_\_  
**Telephone** \_\_\_\_\_ **Nature of Disability** \_\_\_\_\_

**First Time Applicants only:** (Include certification from medical  
Professional or school testing/evaluation)

**TO BE FILLED OUT BY ALL APPLICANTS:**

**Are you a past recipient of a scholarship from Easterseals? Yes or No (circle one)**

**If YES, please provide us with any updates to your student status, activities, accomplishments and GPA:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**B. School Attending- Full address including zip code** \_\_\_\_\_  
\_\_\_\_\_

**Student ID #:** \_\_\_\_\_

**B1. Please attach an acceptance letter (if first time applicant or have changed schools)**

**C. Annual Cost:**

**Tuition:** \$ \_\_\_\_\_ **Room & Board:** \$ \_\_\_\_\_ **Other:** \$ \_\_\_\_\_

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**D. Financial Aid Receiving**

Loans: \$ \_\_\_\_\_ Grants: \$ \_\_\_\_\_ Other Scholarship Awards \$ \_\_\_\_\_

Amount Requested \$ \_\_\_\_\_

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***IF CANDIDATE IS OVER 21, OR NOT A DEPENDENT OF HIS OR HER PARENT(S), COMPLETE SECTION E.***

***IF CANDIDATE IS UNDER 21, OR IS A DEPENDENT OF HIS OR HER PARENT(S), SKIP TO SECTION F.***

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**E. CANDIDATE'S FINANCIAL INFORMATION**

Please list all of the candidate's assets having a value of more than \$500.00:

ITEM	VALUE
_____	_____
_____	_____
_____	_____
_____	_____

Candidate's present monthly income from all sources (whether or not taxable)

\$ \_\_\_\_\_

Was candidate required to file income tax returns for any one of the last 3 years? YES \_\_\_\_\_ NO \_\_\_\_\_

If YES, please attach one copy of most recently filed return, with schedules, if any.

Does candidate support any dependents? YES \_\_\_\_\_ NO \_\_\_\_\_

If YES, names: \_\_\_\_\_ Ages \_\_\_\_\_

\_\_\_\_\_

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F.

PARENT'S QUESTIONNAIRE  
Financial Information

Name of Father (if living) \_\_\_\_\_

Address \_\_\_\_\_

Telephone (Home) \_\_\_\_\_ Alternate # \_\_\_\_\_

Name of Mother (if living) \_\_\_\_\_

Address \_\_\_\_\_

Telephone (Home) \_\_\_\_\_ Alternate # \_\_\_\_\_

ASSETS

ITEM:

VALUE:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Present monthly income from all sources (whether or not taxable): \$ \_\_\_\_\_

Was either parent required to file income tax returns for any one of the last 3 years? YES \_\_\_\_\_ NO \_\_\_\_\_

If YES, Please attach one copy of most recently filed return, with schedules, if any.

Do parent(s) support any dependents? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, names: \_\_\_\_\_ Ages \_\_\_\_\_

\_\_\_\_\_

- If parents are divorced or separated, separate questionnaires should be completed.

The candidate for aid (CIRCLE ONE) is / is not related by blood, adoption, or marriage to a director of the Easterseals of Greater Waterbury or a member of the Scholarship Committee of the Community Workshop Scholarship and Aid Fund.

If candidate is related, please identify the person he or she is related to and the nature of the relationship:

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**G. All candidates will write at least a 750-word essay on the following:**

- Reflect on a time when you questioned or challenged a belief or idea. What prompted your thinking? What was the outcome?

***Please attach to this document as a separate sheet.  
Applications will not be accepted without the essay.***

I certify that the information provided to be true to the best of my knowledge and understand that the decision for award is at the discretion of the Scholarship Committee.

**\*\*\*SCHOLARSHIPS WILL BE PAID DIRECTLY TO THE SCHOOL CANDIDATE IS OR WILL BE ATTENDING.**

Signed: \_\_\_\_\_ Date \_\_\_\_\_

Parent (s) signature(s) \_\_\_\_\_ Date \_\_\_\_\_

Print Name(s): \_\_\_\_\_

Applications can be mailed to:  
Scholarship Committee  
Attn: Kristie Balisciano  
22 Tompkins Street  
Waterbury, CT 06708



**Publicity Release Form**

I, \_\_\_\_\_, hereby grant permission to Easterseals, its divisions and designees to utilize photos of \_\_\_\_\_ for the purposes of

**Publicity/marketing/educational activities associated with Easterseals.**

**I agree that this authorization will be valid for the period of time checked below:**

- One Year
- Two Years
- Three Years
- Other

**Start date:** \_\_\_\_\_ **End date:** \_\_\_\_\_

\_\_\_\_\_  
**Name**

\_\_\_\_\_  
**Address, City, State, Zip**

\_\_\_\_\_  
**Phone** **Email address**

\_\_\_\_\_  
**Signature of individual, or guardian if under 18 years of age**

\_\_\_\_\_  
**Relationship to the individual**

**Date:** \_\_\_\_\_