



**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:** \$ \_\_\_\_\_

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

---

**D. Financial Aid Receiving**

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

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

---

***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.***

---

**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 \_\_\_\_\_

\_\_\_\_\_

COMMUNITY WORKSHOP SCHOLARSHIP AND AID FUND  
APPLICATION FORM

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:

---

**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: Kim McAllister  
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:** \_\_\_\_\_