

# The Arc Southeastern Minnesota Scholarship Application Form

Scholarship funds are available to persons with developmental disabilities and young children at risk of developmental delay, and their family members residing Dodge, Fillmore, Goodhue, Houston, Olmsted, Rice, Wabasha and Winona counties who need assistance with the cost of the activity for which the funds are requested.

Scholarships may be requested for: camp; vacation; recreational program; training/educational opportunities; or individual needs (equipment, furniture, clothing, etc.)

**There will be a limit of \$50 per year/per person.** Additional requests will be reviewed on an individual basis. The scholarship fund is limited. When the budgeted amount for scholarships is depleted, additional money will not be available until the following calendar year.

Applications for scholarships must be submitted on this form. Requests for funds can be made by: the individual, parent, or conservator/guardian. Service providers and case managers/service coordinators may also submit applications for funds, with the consent of the individual or conservator/guardian.

**Applications should be submitted at least one month before funds are needed.** For exceptions to this, contact The Arc SE MN office. Requests for funds will be approved by the Executive Director. Funding for scholarships has been made possible by: Rochester Civitan Club, area United Ways, a variety of service organizations and The Arc Southeastern Minnesota.

Name of Applicant \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Disability \_\_\_\_\_

Name of person requesting funds \_\_\_\_\_ Phone number \_\_\_\_\_

Relationship to applicant \_\_\_\_\_ E-mail address \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Amount requested \_\_\_\_\_ Purpose \_\_\_\_\_

Have you applied for any other funds? \_\_\_\_\_ If yes, where? \_\_\_\_\_

Date funds are needed \_\_\_\_\_

Notification of scholarships to \_\_\_\_\_

E-mail address \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Check payable to \_\_\_\_\_

Mailing address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

**This form should be mailed to: The Arc SE MN, 6301 Bandel Road, Suite 605, Rochester, MN, 55901  
It can also be faxed to: 507-287-2089, Attn: Marta Phone: 507-287-2032 or toll free 1-888-732-8520**