



Powering Education Scholarship

127 Main Street
South Portland, ME 04106

Tel: 800.640.7200

Fax: 207.799.8346

Powering Education Scholarship

This annual scholarship was established by Alpha One to assist people with disabilities who wish to pursue post-secondary education. The scholarship will provide up to \$2000 per candidate who is accepted into post-secondary school education (e.g., after high school), including undergraduate college education as well as graduate programs.

Eligibility

- Applicants must have a documented disability
- Attending/attended high school within the state of Maine
- Scholarship recipient need not be a high school senior but may be anyone pursuing higher education, regardless of graduation date from high school
- B average or equivalent GPA
- Acceptance letter from post-secondary institution

Criteria

The selection of awards to students is administered by the Alpha One Scholarship Committee. Students must submit:

- A 500-1000 word personal essay stating how your disability has helped shape your view of the world and you as a person
- A letter of recommendation from a teacher, clergy, guidance administrator, etc.
- Current high school transcripts

Payment of Awards

Awards will be made upon the successful completion of the first semester of post-secondary school. To qualify as a successful semester, the student must maintain at least a 2.5 on the 4.0 scale. In order to receive payment for the first semester, transcripts must be received by Alpha One. Checks will be made out to the post-secondary school and must be endorsed by both parties.

Alpha One reserves the right to review the conditions and procedures of this program and to make changes at any time, including termination. Alpha One will accept applications from September 1st until April 1st. Applications received after this date will not be considered. Alternate formats available on request.



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Powering Education Scholarship Application

Name: _____ Telephone: _____

Address: _____
Street *City* *Zip*

e-mail: _____

What is your Disability? _____

Father's name: _____ Mother's name: _____

In what activities or groups have you participated?

School: _____

Extracurricular: _____

College or School you plan to attend: _____

Program or Major: _____

Check One: 4yr. Degree 2yr. Degree Other

List any honors or awards you have received: _____

All of the above information is true and accurate to the best of my knowledge

Parent/Guardian's signature: _____ Date: _____

Student's signature: _____ Date: _____

e-mail completed application to mardi@alphaonow.org or fax/mail to above address by April 1st