

Achieve with us.

Don Miller Memorial Scholarship Application 2019-2020

Deadline: September 1, 2019

APPLICANT INFORMATION							
Full Name:					Date	:	
	Last	Firs	t		M.I.		
Address:							
	Street Address				Apartment/U	nit #	
	City				State	ZIP Code	
	-		a 11		State	ZIF Code	
Phone:	()		Cell	Phone: ()		
E-mail:							
EDUCATIONAL INFORMATION							
	lege/university in Texas you will ll/spring of 2019-2020:						
Have you be have register	YES	NO	Your status in the c semester:	coming fall	Junior	Senior	
Major:				Minor:			
What is your current cumulative GPA?							
-							
NARRATIVE INFORMATION:							
State your ju	stification for financial assistance:						

NARRATIVE INFORMATION: (continued)

State your future career goal(s):

State how your career goal(s) will advance the mission of The Arc of Texas: "The Arc of Texas promotes, protects and advocates for the human rights and self-determination of Texans with intellectual and developmental disabilities."

AFFIRMATION AND SIGNATURE

I affirm that my answers are true and complete to the best of my knowledge.

Applicant: Signature

Date

FOR THE APPLICATION TO BE COMPLETED THE FOLLOWING DOCUMENTS MUST BE INCLUDED:

- 1. Notification of acceptance or proof of registration for the fall semester from the college or university in Texas.
- 2. A copy of Applicants most recent transcript with cumulative GPA.
- 3. Three reference letters:
 - A teacher who has taught the Applicant
 - A person in your intended career field
 - A character/personal reference

MAIL COMPLETED APPLICATION TO:

The Arc of Texas Attn: Evelyn Aguilar/Don Miller Memorial Scholarship 8001 Centre Park Drive, Suite 100 Austin, TX 78754

Or email to: eaguilar@thearcoftexas.org

Or fax to: (512) 454-4956