

Ethel Strickarz Memorial Scholarship

Ethel Strickarz was a longtime associate of the Arc of Steuben. She served as Director of Development before her death in 2014. This education fund is a fitting tribute to her commitment to The Arc.

Eligibility Requirements

The recipient must be a graduating senior from a public or private school in Steuben County, a homeschooled student who resides in Steuben County and is completing their senior year, or an adult learner who resides in Steuben County.

1. The recipient must plan to pursue their education in the field of special education, human services, or a related clinical area such as nursing, psychology, speech pathology, or physical/occupational therapy.
2. The scholarship application must be completed in its entirety and submitted with all requested attachments.
3. Completed applications must be received on or before **March 31**. Students can return their completed applications to the high school guidance office. Students pursuing education elsewhere should return their completed applications to The Arc Allegany-Steuben's Development Office, 1 Arc Way, Bath, New York, 14810.
4. The recipient must be a member of The Arc Allegany-Steuben.

Method of Selection of Scholarship Winners/Rules

1. Candidates will be screened and selected by a scholarship committee.
2. Candidates will be evaluated in the following areas:
 - Educational and career goals
 - Academic, including academic improvement and/or maintenance of high average through high school
 - Extra-curricular activities
3. Winners will be recognized at the June graduation ceremonies.
4. The recipient is eligible to receive the award upon returning to college for the second school semester of his/her first year. A copy of the student's tuition bill and copies of college transcripts will be required at that time.
5. The recipient will be invited to attend The Arc Allegany-Steuben's annual meeting in May to be recognized.
6. The recipient must be willing to provide his/her current photo to The Arc Allegany-Steuben to be used in internal/external communications promoting the Ethel Strickarz Memorial Scholarship upon being chosen as a recipient.

Application forms may be reproduced. Questions about the Ethel Strickarz Memorial Scholarship should be directed to the Foundation Office at cmm@communityfund.org or 607-739-3900.

Ethel Strickarz Memorial Scholarship Application

Please complete this application form in its entirety. Incomplete applications will not be considered.

Last Name:		First Name:	
Address:			
	Street		
	City	State	ZIP
Phone:			
Email Address:			
Name of Parent(s) or Guardian(s):			
Address: (if different)			
	Street		
	City	State	ZIP
Phone: (if different)			
Email Address:			

School District					
Class Rank:	out of	GPA:		SAT Scores:	
				or ACT Scores:	
Date of Expected High School Graduation (Month/Year):					
Date of Expected College Entrance (Month/Year):					
Name of College, University, or Vocational School you plan to attend:					
Select One:	Accepted	Pending	Enrolled		
Field of Study/Planned Major:					

<p>Give details regarding other scholarships, grants, or loans you are seeking. Include any that you have already received with amounts.</p>	
<p>Indicate, if applicable, any family or personal circumstances you think to make you a strong candidate for this award:</p>	

Ethel Strickarz Memorial Scholarship Application Additional Information/Required Attachments

Essay

Your essay should be approximately 250 words, typewritten, double-spaced, and must include the following information:

- Your college plans.
- Your career or vocational goals, including why you selected the career you plan to pursue.
- How you believe you can have a positive impact on people with disabilities in your chosen career?
- An example of something you've done for the betterment of your school or community. Choose something that you are proud of achieving or participating in that would show the committee what motivates you and what leadership qualities and special skills or attributes you have.

Transcript

Please attach your high school transcript to date.

References

Please provide two letters of reference from people other than your family members, who are familiar with your contributions. Examples of possible reference sources include your teacher, pastor, guidance counselor, coach, employer, etc.

Please attach a separate sheet listing the following information by year:

- Participation in varsity, junior varsity, and/or community teams.
- Membership and participation in school organizations and activities.
- Leadership roles/elected offices.
- Awards received.
- Volunteer experience and the number of hours involved.
- Membership and participation in community organizations.
- Employment experience.

Include the approximate number of hours per week or month spent participating in each activity.

Certification/Signatures:

I hereby affirm that the information on this form and attached are true and complete to the best of my knowledge. I am aware of the conditions under which the awards are made and will inform The Arc Allegany-Steuben of any change in circumstances. I agree that if I am chosen as the recipient of this award, my submitted photo will be used by The Arc Allegany-Steuben for use in their internal/external communications promoting the Ethel Strickarz Memorial Scholarship, and I authorize the use of the said photo.

Applicant Signature:		Date:	
Parent/Guardian Signature:		Date:	

2023 Membership Form

Name: _____ Phone Number: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Are you an Arc Allegany-Steuben Associate? If so, what is your work location? _____

- Sign me up to become an Arc Allegany-Steuben Member!
- \$5 Year Membership \$50 Lifetime Membership
- I am a person who receives services from Arc Allegany-Steuben and want to become a Member!
- \$5 Year Membership \$10 Lifetime Membership

Thank you for becoming a Member!
Receive 1 free Arc t-shirt per paid Membership

<input type="checkbox"/> Small	<input type="checkbox"/> XL	<input type="checkbox"/> 4XL
<input type="checkbox"/> Medium	<input type="checkbox"/> 2XL	<input type="checkbox"/> 5XL
<input type="checkbox"/> Large	<input type="checkbox"/> 3XL	

BOGO! Two-for-one Lifetime Membership offer - please give a Lifetime Membership gift to:

Name: _____ Phone Number: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Are you an Arc Allegany-Steuben Associate? If so, what is your work location? _____

Additional Memberships:

Name: _____ Phone Number: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Are you an Arc Allegany-Steuben Associate? If so, what is your work location? _____

Payment:

- check made out to Arc Allegany-Steuben (enclosed) credit card: Visa MasterCard Am Ex Discover
- payroll deduction (Arc Allegany-Steuben associates only) card number: _____
- bill me three-digit security code: _____ expiration date: _____
- signature: _____ zip code: _____