

Wayne County Committee For Crippled Children & Adults, Inc.

PO Box 406 * Wooster, Ohio 44691

Wayne County Committee for Crippled Children and Adults

AL AND JUDY VAN WIE SCHOLARSHIP APPLICATION

Name	Telephone
Email A	ddress Cell #
Address	
County	Parent(s)
Describ	e your disability
Additio	nal special circumstances the scholarship committee should consider:
College	(s) and/or Trade Schools you are planning to attend
1.	Wayne County Resident Physical disability Commitment to advanced educational or vocational training
1. 2. 3. 4.	Complete the application form, accurately and in full. Submit a copy of your current high school transcript. Prepare a one page description of yourself, including a statement of your involvement in school and community activities and a description of your professional or occupational goals. Arrange for a letter of recommendation from an instructor at your high school. This letter must be submitted with your application.
I herel	by certify that the foregoing statements and all included documentation are true to the best of my knowled lief.
Stude	nt Signature Date
Paren	Signature

Return to: Wayne County Committee for Crippled Children and Adults, PO Box 406, Wooster, OH 44691