

Samantha's Harvest Scholarship Application

Personal Information:

Full Name _____

Address _____ City _____

State _____ Zip Code _____ Telephone # _____

E-mail Address _____

Academic Information:

Current School _____ Full time ___ Yes ___ No

Year in school (Jr., Sr.) _____ Cumulative Grade Point Average _____

Major (if any) _____ Second Major (if any) _____

Expected Graduation Date _____

Answer each of the following questions on a separate page.

1. Describe your career plans, including why you have chosen to work with persons with Down syndrome.
2. Briefly describe your experiences in working with persons with Down syndrome.
3. Is there anything else the selection committee should know about you?
4. Please provide names and addresses of two persons whom you have asked to write letters of recommendation attesting to your contributions to persons with Down syndrome.

1. _____ 2. _____

The following constitutes a complete application:

1. Application Form
2. Transcripts
3. Recommendations

By my signature, I affirm that the information furnished on this application is true and complete.

Signed _____ Date _____

Return to: Samantha's Harvest Scholarship
PO Box 425
Reading, MA 01867