



SCHOLARSHIP APPLICATION

*This reference form is for new applicants only.
Previous applicants do not have to submit new references.*

For 65 years The Arc of the Mid Ohio Valley has been the premier advocacy organization devoted to ensuring a satisfying and productive life for children and adults with intellectual, cognitive, and related developmental disabilities.

Application Type: _____ Initial _____ Renewal

Name of Applicant: _____

Address: _____ City: _____ State: _____ Zip: _____

Primary Phone: _____ Email Address: _____

High School Name and Graduation Date: _____

ACT or SAT Score: _____ GPA: _____

College or University you will attend? _____ Start Date: _____

(If applicable) Current College Status: Freshman Sophomore Junior Senior Graduate Student

(If applicable) Colleges/Universities Attended and Degrees Received:

From	To	Name & Location of Institution	# of Hrs.	GPA	Graduated? Degree?

For the time period of July 1, 2024 – June 30, 2025, which terms do you plan to enroll and how many hours do you plan to take each term? Summer/Fall - credit hours _____ Winter/Spring - credit hours _____

Describe the college coursework planned and/or completed and the degree you expect to receive:

Scholastic Honors or Recognitions:

Experience in Working with Individuals with Disabilities & Citizen Involvement: _____

Describe work, volunteer, or personal experiences which have led you to choose a career in intellectual, cognitive, or other related developmental disabilities. _____

Describe any association that you have had with The Arc. _____

Describe other school or community activities: _____

Why did you choose this area of study and what attributes do you have which will make you successful? _____

Please list the three references to whom you have given the personal reference forms:

	Name	Address	Occupation
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Deadline for submission to The Arc of the Mid Ohio Valley: **June 1, 2024**



PERSONAL REFERENCE REQUEST FORM

*This reference form is for new applicants only.
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Scholarship Applicant's Name: _____

Describe the basis and length of your acquaintance with the applicant: _____

In your opinion, what attributes will this applicant bring to a career working with children or adults who have intellectual or other developmental disability?

Other information or comments:

Name of reference (please print)	Title or Position
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Reference Signature	Date
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Return to: The Arc of the Mid-Ohio Valley By: June 1, 2024

Mail: 1917 Dudley Avenue, Parkersburg, WV 26101

Fax: (304) 865-2072

Email: michelle.curtis@thearcmov.org

For more information call 304-422-3151

www.thearmov.org