

GENERAL INSTRUCTIONS SPECIAL NEEDS GRANT AWARD

The grant may be used for tuition, fees, books and supplies. It may be used only for usual and required costs of applicant's planned course of study and must be paid directly to the school they will be attending.

WHO MAY APPLY:

Any prospective student resident within the jurisdiction of the Benevolent and Protective Order of Elks of the U.S.A, State of Arizona, who plans to pursue education beyond High School or Preparatory School. All applicants must be citizens of the United States of America on the date the application is filed. This application must be filed with the Lodge having jurisdiction in the area in which the student has legal residence. This Special Needs Scholarship is for ONE YEAR only and is not renewable. Unexpended credit is subject to withdrawal, if conduct of the student is contrary to principles of law and order and morality supported by the Order of Elks.

All scholarships are in the form of Certificates of Award issued by the Arizona Elks Association, conditioned upon the enrollment of the Student. Upon receipt of "Verification of Enrollment" form, completed by the proper school officials, an Arizona Elks Association check will be forwarded to the school to establish a credit for the student for the ensuing academic year. Payments may not be used to cover retroactive charges. This award will not cover payment for any academic year begun prior to April 1st.

To qualify for the "Special Needs Grant" the applicant must submit either or both of the following:

A signed letter from a qualified medical doctor validating the applicant's medical disability

OR

A signed letter from a qualified professional educator (School Psychologist, etc.) stating the applicant's educational handicap.

INSTRUCTIONS:

- Application and all supporting documents must be in English.
- Incomplete applications will be disqualified.
- Application must be the original or photocopy of the Arizona State Elks Association application, which has been signed and dated by the applicant and Lodge Official.
- Applications are due to the Lodge closest to the applicant's residence by January 10th. **Any applications received after January 10th will be disqualified.**
- Letters of recommendation must be originals, on one side of a **single** sheet of 8 ½ x 11-inch paper, **signed and dated** by the author and include the author's **work phone number and address.**
- Application and supporting documents must be enclosed in a soft three-hole paper folder. Elaborate folders should not be used. Clear plastic and bulky, hard, heavy binders are inadmissible.
- Application and supporting documents must be arranged in the order detailed below.

Order of Application and Items to be Included:

- A. Application (count as 3 pages)
- B. Statement by the applicant of not more than 250 words, summarizing his/her activities, accomplishments, needs and objectives which the applicant thinks qualifies him/her for a grant. The applicant must state his career goal.
- C. A statement from parent/guardian (of dependant applicants only) of 200 words or less summarizing the family's obligations and resources. (State number of children in family, number at home and in college and if there are extenuating medical circumstances.)
- D. **Two** letters of recommendation from educators in authority from schools attended by the applicant. The letters should cover applicant's ability, school work habits, leadership, personality and integrity.
- E. **Two** Letters of recommendation from responsible community members not related to the applicant (excluding educators) detailing the applicant's character and general worthiness, character, industry and disposition.
- F. Official, complete High School Transcript of applicant's grades. Transcripts may be photocopies that bear the original signature and date of the proper school authority.
- G. Armed Forces, Vocational Aptitude, GED test scores and grade or work records may be included.
- H. Any copies of exhibits of achievement in scholarship, leadership, athletics community service or other activities. Exhibits should be in chronological order starting with the most current.
- I. Do not include photo portraits of applicant.
- J. The folder should contain no more than 20 pages.

JUDGING IS BASED ON THE FOLLOWING:

1. MOTIVATION- General worthiness, desire
2. NEED- Financial need, resourcefulness
3. SKILLS- Showing aptitude for chosen vocation
4. ORGANIZATION OF APPLICATION- Neatness, completeness and following directions

Grant Recipient Information:

- Special Needs Grant expires 17 months from the date of the award.
- Payment will be made directly to the school after proof of registration.
- Grant is subject to cancellation or withdrawal if student's conduct is contrary to the principles of law and morality supported by the Elks.
- The recipient must be willing to have his/her name used in articles related to this Grant Award.
- The first place recipient must be willing and able to speak at the Arizona State Elks Association Convention on the third weekend in May in the year of the award unless other arrangements are made with the State Special Needs Grant Chairman.

ALL APPLICATIONS BECOME THE PROPERTY OF THE ARIZONA STATE ELKS ASSOCIATION AND WILL NOT BE RETURNED. Non-Winning applications will be shredded to protect confidentiality. Applicants should make a copy for their own records.



SPECIAL NEEDS GRANT AWARD APPLICATION

Name _____

Address _____ Street _____ PO Box _____

City _____ State _____ Zip _____ Phone _____

Date of Birth _____ Place of Birth (city, state, country) _____ Age _____ Sex _____

Citizenship – United States Yes No If not born a United States Citizen, give date and place of Naturalization:

Date _____ Place _____
(City and State)

Name of High School Attending _____

School Address _____ Year Graduating _____

Grade Point Average (GPA) _____ OR

If working toward GED, list issuing school or other program: _____

Address _____ City _____ State _____ Zip _____

Name Vocational / Technical Schools / Colleges or Other Schools, Attended or Now Attending:

School Name _____

Address _____ City _____ State _____ Zip _____

School Name _____

Address _____ City _____ State _____ Zip _____

College or Vocations School Planning to Attend:

School Name _____

Address _____ City _____ State _____ Zip _____

Course of Study _____

Date Course will begin _____ 20 ____ Course will end _____ 20 ____

At completion, I will receive: Bachelor's Degree or Higher Associate Degree Diploma Certificate

Employment record: (List employer, address, date of employment, person to contact about employment, phone, position beginning with most recent):

Activities you are involved in (School or Civic) _____

----- TO BE COMPLETED BY ALL APPLICANTS -----

Budget for full Academic Year of 20 ____ Number of Months ____
 Tuition and fees (per quarter or semester, not monthly) \$ _____ (A)
 Books and supplies \$ _____ (B)
 Travel to and from school \$ _____ (C)

Total of (A+B+C) = TOTAL EXPENSE \$ _____

Less Anticipated income:

Family's Contributions \$ _____ (D)
 Student's Contributions \$ _____ (E)
 Summer earnings \$ _____ (F)
 College Work / Study Employment \$ _____ (G)
 Other Scholarships / Grants / Loans \$ _____ (H)

Total of (D+E+F+G+H) = TOTAL INCOME \$ _____

Amount needed to balance school budget for year
 (TOTAL EXPENSES MINUS TOTAL INCOME): \$ _____

A DEPENDENT APPLICATION
 Parental Financial Analysis

Father's Name _____ Age ____ Occupation _____
 Stepfather's Name _____

Mother's Name _____ Age ____ Occupation _____
 Stepmother's Name _____

Custodial Parent's or Guardian's Marital Status:

Mother:	<input type="checkbox"/>	Widowed	<input type="checkbox"/>	Divorced	<input type="checkbox"/>	Remarried	<input type="checkbox"/>	Single	<input type="checkbox"/>
Father:	<input type="checkbox"/>	Widowed	<input type="checkbox"/>	Divorced	<input type="checkbox"/>	Remarried	<input type="checkbox"/>	Single	<input type="checkbox"/>
Guardian:	<input type="checkbox"/>	Widowed	<input type="checkbox"/>	Divorced	<input type="checkbox"/>	Remarried	<input type="checkbox"/>	Single	<input type="checkbox"/>

Custodial Father's Annual Income before taxes (earned from work) \$ _____ (A)
 Custodial Mother's Annual Income before taxes (earned from work) \$ _____ (B)
 Custodial Guardian's Annual Income before taxes (earned from work) \$ _____ (C)
 All other taxable or non-taxable income (yearly):

Welfare	\$ _____	(D)
Unemployment	\$ _____	(E)
Child Support	\$ _____	(F)
Alimony	\$ _____	(G)
Pension	\$ _____	(H)
Social Security / Disability	\$ _____	(I)
Interest	\$ _____	(J)
Other	\$ _____	(K)

Gross Income Total (A+B+C+D+E+F+G+H+I+J+K) = \$ _____

Total of dependent children living in your household ____ Names and ages of dependent children _____

Number of dependents attending college currently ____ Expected graduation date _____

Name of family member(s) and College(s) (excluding the applicant) _____

Medical / Dental expenses not paid by insurance in current year \$ _____

AN INDEPENDENT APPLICATION

MARITAL STATUS: Single Married Living with significant other

Spouse / Partner's name _____ Age _____ Occupation _____

Applicant's annual gross income before taxes: \$_____ (A)

Spouse / partner's annual gross income before taxes: \$_____ (B)

All other taxable or non-taxable income (yearly):

Welfare	\$_____	(C)
Unemployment	\$_____	(D)
Child Support	\$_____	(E)
Alimony	\$_____	(F)
Pension	\$_____	(G)
Social Security / Disability	\$_____	(H)
Interest	\$_____	(I)
Other	\$_____	(J)

Gross Income Total of (A+B+C+D+E+F+G+H+I+J); \$_____

Value of Investments (Property, equity, IRA's, CD's, Stocks, Bonds) \$_____

Names and ages of any dependents under 18 or disabled (excluding applicant): _____

Medical / Dental expenses not paid my insurance in current year \$ _____

Physician's/Educator's certification of disability – A signed letter from a qualified medical doctor or educational professional must be provided with this application, validating the applicant's disability or handicap.

I certify that all information in this application is true:

Signature of applicant _____ **Date** _____

-----**FOR LODGE USE ONLY BELOW**-----

This application, with attached exhibits, has been reviewed and conforms with the rules as set forth by the Arizona State Elks Association.

Date: _____ 20 _____ Lodge Name _____ Number _____

Signed _____
Lodge Scholarship Chairman / Exalted Ruler / Secretary