Annual

Walter Ely Memorial Scholarship

Southeastern Developmental Services Inc.
P.O. Box 328
1111 South 4th Street
Lamar, CO 81052

Please see the announcement for more details, and deadline.

Last Name: _____ First Name: _____

Mailing Address: _____
(Street) (City) (State) (Zip Code)

Cell Phone: _____ Date of Birth: _____/_____/_____

Email Address: _____

ACADEMIC INFORMATION

I am currently a student: Yes No

If yes, mark one: High School College Graduate Post-Graduate

Name of Current School/College: _____ Current GPA: _____

Estimated Grad Date or Year in School: _____ Field of Study: _____

List any academic honors, awards, club memberships, hobbies, outside interests, extracurricular activities, volunteer activities in the community etc: _____

_____

_____

(attach an additional sheet if necessary)

TO BE CONSIDERED, ANSWER THE BELOW QUESTIONS ON A SEPARATE SHEET OF PAPER

In 200 words or less per question

1. What are your career or education goals?
2. What experience do you have with someone that is intellectually and/or developmentally disabled?
3. Describe your financial need and any additional information you would like to share.

STATEMENT OF ACCURACY

I hereby affirm that all the stated information provided by me is true and correct to the best of my knowledge.

Signature of Applicant: _____ Date: _____

If everyone was a little bit more like Walter the world would be a much nicer place.