Ben Baker Memorial Scholarship

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**The Arc of Bartholomew County** is pleased to sponsor the **Ben Baker Memorial Scholarship** award for the 2023-2024 academic year.

In keeping with **The Arc of Bartholomew County’s** commitment to persons with disabilities or developmental delays, the scholarship is available to a Bartholomew County graduating senior (either mid-term or ending term) or any other Bartholomew County resident who intends to begin studies towards an advanced degree in the Fall of 2024.

The individual must have demonstrated an interest in assisting or advocating for individuals who have disabilities **and/or** plan to pursue an education/career related to assisting or advocating for individuals who have disabilities.

The Ben Baker Memorial Scholarship is an annual award of up to $1,000. The award is issued directly to the student by August of the 2023-2024 academic year and is to be used for school-related expenses. *Scholarship award(s) will be presented at The Arc’s Annual Award Ceremony in May of 2024.*

The application guidelines and application form follow. Any questions regarding the Ben Baker Memorial Scholarship may be directed to Grace Kestler at grace.kestler@thearcbc.org. Scholarship applications must be electronically submitted or postmarked by **May 1, 2024.**

## Submit electronically to [info@thearcbc.org](mailto:info@thearcbc.org) or by mail to:

## *The Arc of Bartholomew County Scholarship Committee*

## *2060 Doctor’s Park Dr*

## *Columbus, IN 47203*

**Ben Baker Memorial Scholarship**

**The Arc of Bartholomew County**

*Application Guidelines*

## Complete the Student Application form (following page) and submit the application and essay with all other required materials electronically to [info@thearcbc.org](mailto:arc@uwbarthco.org) or by U.S. Mail to *The Arc of Bartholomew County Scholarship Committee, 2060 Doctor’s Park Dr., Columbus, IN 47203*

## Compose and submit an essay of no more than 350 words explaining your interest in working with and/or advocating for those with disabilities.

## Request a one one-page, dated letter of recommendation from a school official (i.e. counselor, teacher). The recommender can electronically submit the recommendation to [info@thearcbc.org](mailto:arc@uwbarthco.org) or mail it to: *The Arc of Bartholomew County Scholarship Committee, 2060 Doctor’s Park Dr., Columbus, IN 47203*

## Request a one-page, dated letter of recommendation from a responsible community member (i.e. employer, minister). The recommender can electronically submit the recommendation to [info@thearcbc.org](mailto:arc@uwbarthco.org) or mail it to *The Arc of Bartholomew County Scholarship Committee, 2060 Doctor’s Park Dr., Columbus, IN 47203*

## Forward a photocopy of your current transcript. You can request that the guidance office electronically submit a copy to [info@thearcbc.org](mailto:arc@uwbarthco.org) or you can mail a copy to *The Arc of Bartholomew County Scholarship Committee, 2060 Doctor’s Park Dr., Columbus, IN 47203*

*Award Criteria*:

1. Criteria for choosing the winning applicant will include:

* Demonstration of interest in assisting and advocating for individuals who have disability.
* Demonstration of promising scholastic performance
* Demonstration of pursuing extracurricular interests and community involvement
* Anticipated enrollment in a recognized, accredited institution of higher learning
* Bartholomew County residency

BEN BAKER MEMORIAL SCHOLARSHIP

STUDENT APPLICATION 2023-2024

# NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ADDRESS:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**PHONE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CURRENT**

**SCHOOL:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please attach the following information:**

1. **A LIST DETAILING SCHOOL-SPONSORED EXTRACURRICULAR ACTIVITIES AND COMMUNITY INVOLVEMENT**

Please indicate when an activity involved providing assistance to individuals who have special needs. Please describe activities that involved those with special needs along with an estimate of the number of hours dedicated to those portions of the activity during the last four years.

1. **A LIST DETAILING EMPLOYMENT HISTORY**

Please indicate when your employment involved providing assistance to individuals who have special needs and describe that employment along with an estimate of the number of hours dedicated to those portions of that employment during the last four years.