

Sisu Children's Fund

Scholarship Application

The Sisu Children's Fund is dedicated to providing funds and assistance to young adults dealing with medical and/or physical disabilities. This fund wishes to offer a young adult with a disability the opportunity to learn a vocation and become a skillful employee. The Sisu Children's Fund provides an **educational scholarship of \$1,000** to a graduating senior going on for additional education. Community colleges, universities, technical schools and trade schools all qualify for scholarship awards.

Consideration will be given to the following:

- **Academic Achievement** (Including transcript of grades and other honors.)
- **Personal statement and Career Goals**
- **Letter of Recommendation** (Two letters of recommendation, one from a teacher.)
- **Medical and/or physical disability** (Provide information to determine eligibility.)
- **Financial Need** (This is not a primary consideration, but could be determining factor between several applicants.)
- **Signed release of Information**

Return completed application to:

Sisu Children's Fund
609 Briar Road
Bellingham, WA 98225
(360) 671-8766

Deadline for acceptance of application is Friday, April 13, 2007 5:00 p.m.

Sisu is a Finnish word meaning to show courage, strength and determination in the face of adversity. The Sisu Children's Fund hopes to give children and young adults encouragement during difficult times.

Personal and Educational Information:

Name _____ Date of Birth _____

Address _____, City _____

State _____, Postal Code _____ Home phone _____

List all members of your household (including yourself)

Name	Age	Relationship	Employer or school
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Financial Information:

Please describe financial resources, including other scholarships or awards, social security, net earnings, savings or investments.

Please describe expenses and other financial reasons making a scholarship necessary to attend school. Include anticipated monthly living expenses, car, medical/dental, loan payments and any other expenses.

Letter of Recommendation

Student's Name _____

Please use the space below to address the student's potential to make a contribution to his/her chosen field, and any other information that will help strengthen the student's proposal and contribute to better understanding by the selection committee. You may use additional paper if needed.

Signature _____ **Date** _____
Title (teacher, physician, therapist) _____

Letters must be delivered to student in a **sealed envelope**, or returned to Sisu Children's Fund, 609 Briar Road, Bellingham, WA 98225 no later than **Friday, April 13, 2007**.

Personal Statement:

Please describe your educational and career goals, any medical and/or physical disabilities you are or have experienced, and any other information that will assist the selection committee in making a determination.

Letters of Recommendation:

One or more letters of recommendation are required from a teacher or someone who knows you professionally. Personal letters of recommendation are also welcome. They may be mailed directly to Sisu Children’s Fund or given to you in a sealed envelope.

Documentation of medical or physical disability

Information provided by your physician, therapist, or other health care professional must be provided to establish eligibility. Your personal statement should include a medical history and other information to help the selection committee determine eligibility.

Transcript/Release of Information

An unofficial transcript is recommended. If you are home schooled or have a GED, some verification of academic achievement must be provided. Evidence to support your acceptance at a college or university, technical or trade school can be substituted if you are unable to provide a transcript.

All scholarship awards are paid directly to the school.

Your signature is required below to allow the Sisu Children's Fund to use your name and scholarship award in the publications and documentation of awards. Other than your name and amount of the award, no other information or picture will be given to the public without your approval.

*I certify that all information I have provided on this form is true and complete to the best of my knowledge. I authorize the release of information on this application, and other necessary academic and financial information to the scholarship selection committee. I authorize the **Sisu Children's Fund** to use my name and amount of award in their publications and documentation of awards. I will provide written approval before any other information is released.*

Signature _____ **Date** _____

Complete, sign and return this application and all required attachments to the Sisu Children's Fund, 609 Briar Road, Bellingham, WA 98225, by **5:00 p.m. on Friday, April 13, 2007.** **All completed applications must be received or postmarked by the above date and time.** Award notifications will be made by April 20, 2007.

