

**Alvin A. Dubin Alzheimer's Resource Center
Teen Scholarship Program**

Alzheimer's has a unique way of touching everyone whom has encountered an experience with it, whether it is through friends, family or volunteering with individuals who have memory impairment. This scholarship has been established to assist high school seniors or recent graduates, who have been affected by Alzheimer's, to achieve their higher education goals.

I. SELECTION CRITERIA

A. Priority

The scholarship shall be available to students who are high school seniors or graduates of Lee County Schools and who wish to further their educational pursuits. The scholarship is a one-time gift of \$1000.00. Students will be considered according to the following priority criteria:

1. Lee County School (public or private) students - Current seniors, or high school graduates who have postponed higher education for up to 2 years and are enrolling to begin college during the upcoming year
2. Student must have had either a family member or volunteered with someone who has (or had) Alzheimer's disease or a related dementia.

(Anywhere Alzheimer's is used in the application, a related dementia such as Lewy Body Dementia or Vascular dementia may also apply.)

B. Qualifications

1. Applications will be judged and ranked on a point system based on the information provided on the application form.
2. Students shall write a 500 word essay describing their experience or encounter with someone with Alzheimer's.
3. Student shall have a minimum GPA of 2.5 (Special considerations can be explained in the application process.)
4. Applications will be prioritized by a panel of judges that consist of Advisory Council members of the Alvin A. Dubin Alzheimer Resource Center.

II. DIRECTIONS FOR APPLICATION

A. Each application must be typed with pages stapled in the upper left corner. (**DO NOT** bind or seal application in any type of presentation folder.) Each application must include information in the following order:

1. *A completed application form (minus this one page of instruction).*
2. *A 500-word essay on your experience with Alzheimer's (separate page – no smaller than size 12 font)*
3. *Signed photo release and current photo of applicant in a separate envelope enclosed with the completed application - (see enclosed info w/ application)*

B. Applicant must get two letters of recommendation (no longer than one page). Letters of recommendation must be mailed by the person writing the recommendation directly to the Dubin Alzheimer's Resource Center 12468 Brantley Commons Court, Fort Myers, FL 33907. One recommendation must be non-school related such as an employer, minister, or neighbor. **One must be from a teacher, principal or advisor.** None may be from a family member. (Recommendation forms are included with the application.)

C. **Applications and recommendations must be post-marked no later than March 31st.**

III. RECIPIENTS

Scholarship recipients will be notified by telephone or mail and will be invited to attend the Dubin Alzheimer's Resource Center's annual meeting.

**Alvin A. Dubin Alzheimer's Resource Center
Teen Scholarship Program
APPLICATION FORM**

STUDENT'S FULL NAME:

STUDENT'S ADDRESS:

PHONE NUMBER: home - _____ cell - _____

FATHER'S/MOTHER'S NAME AND OCCUPATION:

- I. ACADEMICS (include a copy of high school transcript)
GPA: _____ CLASS RANK _____ out of _____ students
- II. VOLUNTEER COMMUNITY SERVICES (helping the elderly, church activity, community clean-up other than the school-sponsored day, yard work, volunteering to assist with city projects; **please be specific, include dates, if possible**)
- III. HONORS AND AWARDS RECEIVED IN HIGH SCHOOL

IV. LEADERSHIP (Offices held in class or school organizations)

V. PARTICIPATION IN EXTRA-CURRICULAR SCHOOL ACTIVITIES

VI. OUT-OF-SCHOOL ACTIVITIES (i.e., hobbies, Scouts, church, etc.)

VII. POSITIONS HELD IN GAINFUL EMPLOYMENT AND PERIODS OF EMPLOYMENT

COLLEGE YOU PLAN TO ATTEND:

COURSE OF STUDY:

CAREER GOAL:

VIII. PERSONAL STATEMENT OF FUTURE GOALS
(Use this page only – font size no smaller than twelve-point)

IX. LIST NAMES, ADDRESSES, TELEPHONE NUMBERS AND RELATIONSHIP OF TWO PEOPLE WHOM YOU HAVE ASKED TO WRITE YOUR RECOMMENDATIONS. THOSE WRITING RECOMMENDATIONS SHOULD NOT BE FAMILY MEMBERS AND ONLY ONE MAY BE SCHOOL RELATED.

(Letters must be sent directly by the person writing the letter – see application directions.)

1. Name: Relationship:

Address:

Telephone number:

2. Name: Relationship:

Address:

Telephone number:

X. EXPLANATIONS OR SPECIAL CIRCUMSTANCE

Use the following space to explain concerns or special considerations about any part of this form.

DATE

SIGNATURE OF STUDENT

(Print/type name of student)

SIGNATURE OF PARENT

(Print/type name of parent)

Essay on your experience with Alzheimer's

Please write a 500-word essay that describes a positive or meaningful experience that you had with an individual with Alzheimer's disease or a related dementia. Discuss how this experience has impacted your life. Essay must be typewritten, double-spaced with one-inch margins, and no smaller than 12-point font. (FYI – a 500-word essay should be about two pages typed in this format.)

Please attach your essay to the end of your application form.

**Alvin A. Dubin Alzheimer's Resource Center
Teen Scholarship Program
PHOTO REQUEST AND RELEASE**

Please enclose a current photograph of the applicant along with the attached release signed by both the applicant and his or her parent(s)/guardian.

A senior year photograph by a professional photographer is preferred. If such a photograph is not available, a head-and-shoulder photograph of the applicant is acceptable.

Photographs of the applicant with the family member or friend whom the applicant wrote about in his/her narrative may also be used. Please include any photographs of that nature along with the applicant's photograph.

If the photograph can be digitally submitted, please email the photograph to Info@Alzheimersswfl.org. Be sure to include your name and the words TEEN SCHOLARSHIP in the subject line of the email. An original photo should also be submitted with the completed application as instructed above.

Photographs of the scholarship recipients will be used for press releases, the center's newsletter, and the annual report to announce the awarded scholarships. The attached release also gives permission for the Alvin A. Dubin Alzheimer's Resource Center to use the scholarship winner's name and photograph for other purposes to raise awareness about the scholarship program.

If for some reason, the applicant and/or his/her parent(s)/guardian wish to remain anonymous or do not want the applicant's photograph used, please include a letter to that effect with the completed application.

Whenever possible, original photographs will be returned to applicants after awards have been announced. **Please include a self-addressed envelope if you would like your photograph returned.**

**Alvin A. Dubin Alzheimer's Resource Center
Photo/video Image Consent**

Permission to Use Photo or Image

The Alvin A. Dubin Alzheimer's Resource Center serves individuals and families throughout Lee County. In order to illustrate the valuable work we do with memory-impaired persons and their caregivers, we like to use photographs and videos of people who participate in our programs.

We are requesting your permission to use your photograph or image on public relations materials such as brochures, newsletter, web site, videos, or other materials.

By signing this document, I _____
(teen scholarship applicant and memory-impaired person if able to consent)

and/or _____ agree to allow the
(Parent(s)/Guardian of teen – POA/ Responsible party/guardian of memory-impaired person)

Alvin A. Dubin Alzheimer's Resource Center to use my photograph, image, and/or biographical information to help promote awareness through publicity efforts for the Alvin A. Dubin Alzheimer's Resource Center's programs.

Please initial the following items per your desires (leave blank if ok to use info):

_____ Do **not** use the name of the memory-impaired individual;

_____ Do **not** use the name of the family member(s) or caregiver(s).

_____/_____
(Please print name of scholarship applicant and sign next to printed name) / Date

(Please print Memory-impaired person's name)

_____/_____
(Memory-impaired person's signature if able to consent) / Date

_____/_____
(Teen applicant's parent(s)/guardian and/or Caregiver/Guardian/POA/
Responsible party of memory-impaired person / Date
Print name and sign next to printed name)

_____/_____
(Dubin Alzheimer's Resource Center representative) / Date

**Alvin A. Dubin Alzheimer's Resource Center
Teen Scholarship Program
LETTER OF RECOMMENDATION**

Please complete and return this letter of recommendation to the **Alvin A. Dubin Alzheimer's Resource Center, 12468 Brantley Commons Court, Fort Myers, FL 33907 by March 31st (postmark date).**

Applicant's (student) name:

Your name:

Address:

Phone number:

Relationship to applicant:

Length of time you have known applicant:

Please explain why you believe this student should be considered for a scholarship from our organization. If possible, please give us your impression of this student's interaction with a family member or friend who has Alzheimer's disease or other dementia and how the experience has impacted his/her life.

Date:

Signature:

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12468 Brantley Commons Court, Fort Myers, FL 33907
(239) 437-3007 · Fax (239) 437-3008
www.alzheimersswfl.org · E-mail Info@Alzheimersswfl.org