



# RiSE Scholarship Foundation, Inc.

## 2018-2019 Application

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### Application Criteria

1. Must be a current high school, college bound senior, who has submitted applications to and is planning on attending an accredited college or university.
2. Must be a U.S. citizen.
3. Must have an overall grade point average (GPA) of 2.5 or higher on a 4 point scale (or equivalent).
4. Must have a documented learning disability. (A diagnosis of ADHD or ADD alone does not qualify.)
5. Must provide a letter of reference from a teacher, high school counselor, or principal of present high school on the enclosed form. The teacher may upload to your Dropbox account if needed.
6. Once chosen, the recipient must provide RiSE Scholarship Foundation, Inc. proof of registration to his or her accepted college or university for the scholarship to be issued for the Fall semester of the same year that the award is presented.

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\* A Specific Learning Disability is a disorder in one or more of central nervous system processes involved in perceiving, understanding, and / or using concepts through verbal (spoken or written language) or nonverbal means. This disorder manifests itself with a deficit in one or more of the following areas: attention, reasoning, memory, communicating, reading, writing, spelling, calculation, coordination, social competence, and emotional maturity.  
*U.S. Department of Education Rehabilitation Services Administration.*

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The application will be considered and judged if filled out in completion and submitted to the RiSE Scholarship Foundation, Inc., using Dropbox online. Directions for uploading your application and documents are listed on page two (2) of these instructions.

All materials for each nominee must be included. Applications completed in full with supporting documentation will be considered for the RiSE Scholarship Foundation, Inc. Awards.

The winner and/or honorable mention award winners will be contacted and announced on the RiSE website and RiSE's social media sites on or before June 1, 2019.

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Please follow us on our Facebook or Twitter accounts in order to be updated on the application details,  
[@risescholarship](#)

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RiSE uses the same application for the RiSE Award and the RiSE Awards Autism Award.

Review the "FAQ's" on our website, [www.risescholarshipfoundation.org](http://www.risescholarshipfoundation.org), under the heading "Scholarships" for additional information about the scholarship rules. Review "RiSE Scholarship Winners" on our website, [www.risescholarshipfoundation.org](http://www.risescholarshipfoundation.org), under the heading "Scholarships" for the announcement of the winners.

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RiSE does not contact every applicant individually; please use the Dropbox receipt as proof of applying.

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The mission of **The RiSE Scholarship Foundation, Inc.** is to recognize and reward students with learning disabilities that have overcome learning challenges, achieved academic success in their formative school years and will continue their educational journey by pursuing an undergraduate degree at a college or university.

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**The application and supportive information must be submitted to**

**RiSE Scholarship Foundation, Inc., between the dates of: January 1 – 31, 2019**

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*To submit your application:*

- 1) Complete the application on your computer and save. When you save the application, name the file with last name, first name and "application". Example: Smith, John application
- 2) Have your teacher; counselor or person writing the recommendation form, fill out the letter section that is included in this application. Show them your documentation for your Learning Disorder and let them write in the appropriate diagnosis. By doing so, you will not have to submit additional documentation. Scan the letter and save to your computer. Save this file as last name, first name "letter". Example: Smith, John letter. If the person/school writing the recommendation letter is not able to give you (the student) the filled-out recommendation letter, they must be able to Dropbox RiSE and add this to your application. Request that they follow the same directions (using your name as the name to upload the file under). This will ensure that the letter attaches to your file for the judges to read. If this is not possible, we will be unable to accept your application.
- 3) Upload a current picture of yourself. Save as last name, first name "photo". Example: Smith, John photo.
- 4) Upload a recent transcript. Save as last name, first name "transcript". Example: Smith, John transcript.
- 5) Save all of these documents in a folder on your computer to make easier for you to find. You may want to name it RiSE.
- 6) Go to the website of RiSE, [www.risescholarshipfoundation.org](http://www.risescholarshipfoundation.org). Under the drop down selection, "Scholarship", select "Apply Now" and click the link provided to upload to Dropbox's website.
- 7) The site, Dropbox, will request you to upload a file. Click your folder and upload each document. Please do this one document at a time. After each document, Dropbox will inquire if you want to add another document. Click "Add another" until all four (4) documents are added.
- 8) You may upload one additional document consisting of a poem, a photo of your art, or other needed material. If you would like to mail your art, please mark the envelope with your full name and mail to our address listed below. **This is not required and cannot be returned.**

**Application and supportive materials must be submitted to RiSE Scholarship Foundation, Inc.  
between January 1- January 31, 2019.**

The application should be completed in full and signed. The answers to the questions may be typed or legibly handwritten. The punctuation, spelling and handwriting will not be a deciding factor.



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### 1. Applicant's Information

First Name:	Last Name:	Name Called:
Mailing Address (Street, City, State, Zip):		
Date of Birth (MM/DD/YYYY)	Email Address	Permission to Email? <input type="checkbox"/> YES <input type="checkbox"/> NO
Home Phone:	Cell Phone:	Permission to Text? <input type="checkbox"/> YES <input type="checkbox"/> NO
What is your diagnosis of a Specific Learning Disability?		
Educational Background: Please list the name of your last high school and the address:		
High school counselor or special education teacher's name, position, and email address:		

### 2. Applicant's Parental Information

Father's First Name:	Father's Last Name:	Profession:
Mailing Address (Street, City, State, Zip):		
Email Address:		Permission to Email? <input type="checkbox"/> YES <input type="checkbox"/> NO
Home Phone:	Cell Phone:	Permission to Text? <input type="checkbox"/> YES <input type="checkbox"/> NO
Mother's First Name:	Mother's Last Name:	Profession:
Mailing Address (Street, City, State, Zip):		
Email Address:		Permission to Email? <input type="checkbox"/> YES <input type="checkbox"/> NO
Home Phone:	Cell Phone:	Permission to Text? <input type="checkbox"/> YES <input type="checkbox"/> NO

### 3. Colleges & Universities to Which You Have Submitted Applications

Name of College:	Name of College:	Name of College:
Name of High School:	City:	State:
Do you follow:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	RiSE Scholarship on Facebook @risescholarship on Twitter @rsfautism on Twitter? @Risescholarship on Instagram?
What are a few extracurricular activities that you have enjoyed participating in?		
How did you hear of the RiSE Scholarship Foundation, Inc.?		



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#### 4. Essay

Please use the space below or attach a separate paper that has your full name and birth date written on it.

This year's essay subject is: **Share a piece of advice you would give to your younger self regarding having a diagnosis of a learning difference.**

You may write an essay, a poem, create a piece of art or even a song or video as an answer to the essay question.

You may upload a photo of your art, send a link if it is posted online or if too large you may mail to our PO Box. These are not returnable and RiSE often uses these on social media to encourage others with the same diagnosis.

First Name

Last Name

Date of Birth



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## Award Requirements

If chosen, the recipient must provide RiSE Scholarship Foundation, Inc. proof of registration to accepted College or University for the scholarship to be issued the fall semester of the same year that the award is presented.

The student must be enrolled in two (2) or more core classes each semester or quarter. If the student withdraws from college, the monies that have not been used shall be returned to RiSE Scholarship Foundation, Inc. The funds can be used for tuition, books, and on campus room and board during the first year of college.

**Applicant's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

By their signature(s) hereto, the applicant and/or guardian(s) if applicable, warrants and represents and certifies that all information hereon and/or submitted herewith is true, correct, complete and accurate to the best of their knowledge, that there are no material omissions or misrepresentations, that the application is entirely the work of the applicant and that the applicant meets all of the eligibility criteria.

By signing this form, the applicant (and guardian, if under age 18) acknowledges that RiSE Scholarship Foundation, Inc. may use information provided by the applicant and/or included in the application materials, including, without limitation, applicant's name and likeness and may publish the same in furtherance of the purposes and in the sole discretion of the RiSE Scholarship Foundation, Inc. By their signature(s), the applicant and/or guardian hereby authorizes, consents and grants to RiSE Scholarship Foundation, Inc. the absolute right and permission to use the information provided by applicant and any information contained in the application packet, including the name, likeness, personal statement or part thereof, photograph, videotape, quotes and/or information about the applicant. including, without limitation, in any RiSE Scholarship Foundation, Inc. publication, and/or public relations materials and further hereby waives the right to approve the finished product(s) and/or its specific use(s) and agrees to release and hold harmless the RiSE Scholarship Foundation, Inc. from any claims, damages, or liability whatsoever from or related to the use and disclosure of such information and/or likeness.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

*(Required if applicant is under 18 years of age)*

RiSE Scholarship Foundation, Inc. applicants are responsible for supplying the information required for the application to be reviewed; however, if RiSE Scholarship Foundation, Inc. finds it necessary to contact the school, Colleges, Universities, Psychologist or school officials that were submitted in the application to request further information, I hereby allow this, and give permission to do so.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

*(Required if applicant is under 18 years of age)*

The RiSE Scholarship Foundation, Inc. reserves the right not to grant any scholarships for any particular year if, in its sole discretion, RiSE Scholarship Foundation, Inc. determines that no suitable candidate has applied for such year in which case, the funds for the scholarship for that year can be carried over and applied to a scholarship the following year. The judges are comprised of various RiSE Scholarship Foundation, Inc. Board of Directors and committee members.



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**Applicant's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**5. Letter of Reference**

**Please fill out completely and sign.**  
**Please return to the student and they will include with their application for RiSE.**  
**If unable, please upload to Dropbox by following the directions on page two (2) using the students name. If filed by referencer, the student will not obtain a copy of the letter of reference from RiSE Scholarship Foundation, Inc.**  
**This form is accepted between January 1-31, 2019.**

**School Information**

Name of School: \_\_\_\_\_ School Address (Street, City, State, Zip) \_\_\_\_\_

**Reference's Information**

First Name:	Last Name:	Title/Position:
Email Address:		Phone:

**Applicant's Information**

Applicant's First Name:	Applicant's Last Name:	Applicant's Current Grade:
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Diagnosis of the Applicant: \_\_\_\_\_

Please elaborate why you believe this particular student is a suitable applicant for the RiSE Scholarship Foundation Inc. award. Feel free to attach a second sheet, if needed.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_