

CHAPTER: \_\_\_\_\_ DATE RECEIVED BY NYSARC: \_\_\_\_\_

**SCHOLARSHIP & AWARDS COMMITTEE  
NYSARC, INC.  
393 DELAWARE AVENUE  
DELMAR, NY 12054**

**APPLICATION FOR JONATHAN WEINGOLD SCHOLARSHIP**

All information submitted must be typed and double-spaced.  
Handwritten applications will not be processed.

Applications must be received by the NYSARC, Inc. State Office by:  
**January 14, 2008**

**Name:** \_\_\_\_\_  
Last First Middle

**School Address:** \_\_\_\_\_  
\_\_\_\_\_

**Employment:** Chapter: \_\_\_\_\_  
Full-Time: \_\_\_\_\_

Have you previously been nominated for this scholarship? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you currently receiving a NYSARC, Inc. scholarship? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, what year was it awarded? \_\_\_\_\_

Education – Highest level completed:

High School: \_\_\_\_\_

Vocational: \_\_\_\_\_ Specialty: \_\_\_\_\_

College: \_\_\_\_\_ Degree(s): \_\_\_\_\_

Graduate: \_\_\_\_\_ Degree(s): \_\_\_\_\_

Present Education Plans: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Comments:

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Please attach letters of recommendation from your local NYSARC, Inc. Chapter Board President and Chapter Staff.

Faxed copies will be accepted up to the deadline date of:  
January 14, 2008  
Fax: (518) 439-1893

PLEASE RETURN TO LOCAL NYSARC, INC. CHAPTER BY THE FOLLOWING  
DATE: **DECEMBER 31<sup>ST</sup>, 2007**

**Chapter Address: The Arc of Delaware County, 34570 State Highway 10, Suite 1,  
Walton, NY 13856-9711**