

Scholarship Application for individuals, families or professionals



WCI's The Resource Center Program (TRCP)

1300 22nd St. SW/PO Box 813, Willmar, MN 56201

www.westcentralindustries.com/trcp

Scholarships for Swift, Kandiyohi, Renville and Meeker County
individuals/families/professionals.

Living a FULL life
despite challenges

ADD/ADHD

Autism

Brain Injury

Deafness

Down Syndrome

Depression

Learning Disabilities

Sensory Disorders &

Many Others...

Designed to connect people to resources quickly and fill gaps in services, WCI's The Resource Center Program is for children, teens or adults with challenges/disabilities, for their families, and for the professionals who serve them. Call for help, support, information, networking groups, events, scholarships and much more- 320-235-5310 or trcp@wciservices.org

TRCP Scholarships: Scholarship forms MUST be filled out by the source (or their guardian).

TRCP may provide \$5 to \$500 per family, individual or professional per fiscal year (July 1 – June 30).

Scholarships fund: educational, programmatic, recreational or functional equipment and services.

Scholarships will fund technology equipment or software applications related to disabilities. (examples: ACC devices, proloquo2go, or Boardmaker) Although the Board understands the advantages that computers, Ipads, Ipods or other technology can bring, at this time TRCP will not fund them.

All mini-grant applications are reviewed monthly, except for the months of December and July.

Scholarship requests must be submitted by the last day of the month prior to review.

Funding is not guaranteed. The Board does not consider expenses that have already occurred.

Scholarship decisions are at the discretion of the Advisory Board and are subject to funding availability.

All approved scholarship funds are sent directly to vendors.

Your Name:

Daytime Phone:

Your Email:

Your Address:

City:

Zip Code:

Who is the scholarship applicant? Please type the information about the potential scholarship recipient and staple it to this application. Include the person's full name, their age, your relationship to them, and the life challenges/diagnosis they live with-- **be very specific**. Explain the person's challenges and how a scholarship could help them now and into the future. How will you measure that it helped them?

County the scholarship applicant lives in:

County applicant attends school or works in:

Total cost of the educational, programmatic, recreational or functional equipment and services? _____

Amount of funds being requested: _____ (\$5.00-\$500.00). Amount of funds you are contributing to the cost of the expense? _____ % or _\$_____ If you are asking for 100% of the expense, and TRCP scholarship could only provide partial payment, do you have additional methods of securing the balance or would the need go unmet? (i.e. would you seek funds from local service, veterans or other organizations?)

Attach your vendor information, including: company/organization, contact name, address, city, zip code, phone, the exact product/registration form/or etc.

