

The Arc of Franklin & Fulton Counties

Nathan Tappen

Memorial Scholarship Application



May 20, 1977- May 10, 1999

Beloved Son of Roger & Patti Tappen

Nathan Tappen Memorial Scholarship

In Memory of Nathan, this scholarship is for an individual entering the field of special education. The first scholarship was awarded in 2002.

Nathan Tappen was a young man born with significant developmental disabilities. His family utilized the support and services of The Arc of Franklin & Fulton Counties throughout his lifetime. While Nathan's life was a brief twenty-two years, his passing left the organization with a renewed sense of purpose to continue serving other citizens with developmental disabilities.

The Arc of Franklin & Fulton Counties

The Arc (Advocacy & Resources for Citizens with cognitive, intellectual and developmental disabilities) is committed to securing for all people with developmental disabilities the opportunity to choose and realize their goals of where and how they learn, live, work, and play.

The Arc is further committed to reducing the incidence and limiting the consequences of developmental disabilities through education, research, advocacy and the support of families, friends and the community.

Through the successful pursuit of quality and justice, The Arc will provide leadership in the field of developmental disabilities and develop necessary human and financial resources to attain its goals.

*The Arc Nathan Tappen Memorial Scholarship
Guidelines for Submission of Application*

Amount & Attendance:

A scholarship of \$500 will be awarded annually.

*****The Winner of the Arc Scholarship is required to attend a portion of an Arc Board meeting.**

Eligibility:

- The applicant must reside within Franklin or Fulton Counties
- The applicant must be enrolled in or have declared intention to enroll in the bachelor's program of an accredited post-secondary institution as a full-time student in the field of special education.
- Previous scholarship winners are welcome to re-apply for a renewal of their award.

Evaluation:

- All applications will be evaluated by the Scholarship Committee of The Arc of Franklin & Fulton Counties. The applicant will be evaluated on his/her responses to the questions in the application.
- The applicant will be evaluated in these areas: activities, grades, motivation, demonstrated leadership, and completeness of application
- Each applicant must have these documents submitted for consideration:
 - High school transcript
 - Two personal references on attached forms from persons who can attest to the interests and personality of the applicant.
- Information submitted other than items requested will not be considered.

Additional Information:

- The applicant must be accepted by an accredited school prior to payment of scholarship monies.
- The scholarship check for the winner will be sent directly to the Financial Aid Office of the institution involved at the beginning of the SECOND term to be applied to fees, tuition, or room and board.
- In the event the recipient leaves the institution for any reason and funds of the scholarship remain as a credit to his/her account, the institution involved shall return the balance of the scholarship to The Arc of Franklin & Fulton Counties.
- The selection and announcement of recipients will be made by letter to the winners and when applicable will be formally presented at the annual high school awards ceremony. Letters of thanks for their application will be sent to non-winners.
- Applications for this scholarship will be available in the Guidance Office of all high schools in Franklin and Fulton Counties

- Applications must be returned by mail or email by April 6th to:
 - The Arc of Franklin & Fulton Counties*
 - Scholarship Committee*
 - 2314 Philadelphia Avenue*
 - Chambersburg, PA 17201*
 - lmiller@thearcoffranklinfultoncounties.com

Personal Data

Applicant's Name _____

Address: _____

Phone Number: _____

Email : _____

Father's Name _____ Mother's Name _____

Educational Data

- High School Attended _____

- Date of Graduation: Month _____ Year _____

- SAT Scores: Verbal _____ Math _____

- Grade Point Average _____ Class Rank _____ out of _____

- Additional education: List any Advanced Placement college courses, dates, locations

- College you will attend _____

Major: _____

(Please include a copy of your acceptance letter with this application)

- Describe any of your high school or community activities that provide service to others. Include reasons why you have chosen to be involved.

- Please list any awards you have received and positions held in organizations.

Financial Information:

- Are there any special family circumstances of which the committee should be aware?

The Arc
Nathan Tappen Memorial Scholarship

EDUCATIONAL REFERENCE

Name of Applicant _____
Home Address _____

The above-named applicant is applying for a scholarship that will be applied toward higher education in the area of Special Education. Please complete this evaluation and return it no later than April 6th by mail or email to:

The Arc of Franklin & Fulton Counties
Scholarship Committee
2314 Philadelphia Avenue
Chambersburg, PA 17201
lmiller@thearcoffranklinfultoncounties.com

Please feel free to use the reverse side of the page if additional space is needed.

Please describe your relationship to this student.

Please answer the following questions as they relate to your knowledge of the applicant and how he/she may or may not succeed in completing a higher education program in the field of Special Education. Be as specific as possible.

- How would you describe the applicant's level of maturity, reliability, emotional stability, and ability to deal with new situations?

- How do you perceive the applicant's ability to approach academic life? Indicate initiative, conscientiousness, determination, and willingness to work hard.

- Do you feel that this applicant would be successful in the field of Special Education? Why or why not?

If necessary, would you be willing to provide more information via telephone? _____
Thank you for your help.

Please print your name: _____

(Signature)

(Telephone number)

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Nathan Tappen Memorial Scholarship

PERSONAL REFERENCE

Name of Applicant _____
Home Address _____

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