

Mayor's Committee for People with Disabilities Scholarship Program



Access to knowledge is our passion.

When it comes to educational and career aspirations for individuals with disabilities, we don't want anything to stand in the way. We believe every person, regardless of ability, has valuable strengths, infinite capacity to learn and the potential to make important contributions to our community. That's why we're proud to offer the Mayor's Committee for People with Disabilities Scholarship Program to assist individuals in making the most of their talents as they pursue education and promising careers.

Recipients of a scholarship will receive a one-time award up to \$500. Awards are paid directly to the institution or towards the purchase of supplies. Scholarships are awarded based on the strength of the applicant's academic background, leadership skills and demonstrated passion.

All applications are reviewed within 45-days from receipt and applicants are noticed of award status by email.

The ideal applicant is an individual who:

- Articulates his or her disability and recognizes the need for self-advocacy
- Has demonstrated perseverance and is committed to achieving personal goals despite the challenges of disability

Eligibility:

- Be a Chandler resident
- Provide two letters of recommendation
- Provide most current documentation of an identified disability (A letter from a vocational rehabilitation office or physician)

For more information regarding the Scholarship Program or assistance with the application, contact **Collette Prather** at **480-782-2709** or **therapeutic.recreation@chandleraz.gov**.

Submit Application

In-person:

Chandler Community Center
125 E. Commonwealth Ave.
Chandler, AZ 85225

By Mail:

City of Chandler
Mayor's Committee for People
with Disabilities
Mail Stop 501 • P.O. Box 4008
Chandler, AZ 85244

Online:

chandleraz.gov/therapeutic



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Name: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

How long have you been a Chandler Resident? _____

Household Status: Live Independently Live with Family Live with Caregiver

Gender: M F Date of Birth: ____/____/____ Amount Request: \$ _____

\$500 maximum one-time paid directly to institution or towards purchase of supplies.

Describe your educational and career goals:

Describe the impact your disability has had on you in your academic and/or career setting:

Describe how this scholarship will help you:

The Mayor's Committee for People with Disabilities provides scholarships to qualified applicants with disabilities, defined by the Americans with Disabilities Act.

Do you have disability as defined by the Americans with Disabilities Act? Yes No

