The Arc Minnesota Southeast Region
Scholarship Application Form

Scholarship funds are available to persons with developmental disabilities and young children at risk of developmental delay, and their family members residing Dodge, Fillmore, Goodhue, Houston, Olmsted, Rice, Wabasha and Winona counties who need assistance with the cost of the activity for which the funds are requested.

Scholarships may be requested for: camp; vacation; recreational program; training/educational opportunities; or individual needs (equipment, furniture, clothing, etc.)

There will be a limit of $50 per year per person. Additional requests will be reviewed on an individual basis. The scholarship fund is limited. When the budgeted amount for scholarships is depleted, additional money will not be available until the following calendar year.

Applications for scholarships must be submitted on this form. Requests for funds can be made by: the individual, parent, or conservator/guardian. Service providers and case managers/service coordinators may also submit applications for funds, with the consent of the individual or conservator/guardian.

Applications should be submitted at least one month before funds are needed. For exceptions to this, contact The Arc MN SE Region office. Requests for funds will be approved by the Regional Director.

Funding for scholarships has been made possible by: Rochester Civitan Club, area United Ways, a variety of service organizations and The Arc Minnesota Southeast Region.

Name of Applicant ___________________________________________ Phone Number ___________________________
Address __________________________________ City __________ Zip Code __________
Disability __________________________________________________________________________________________
Name of person requesting funds ___________________________ Phone number __________________________
Relationship to applicant _______________________ E-mail address __________________________
Address __________________________________ City __________ Zip Code __________
Amount requested __________ Purpose _______________________________________________________________
Have you applied for any other funds? _____ If yes, where? ____________________________________________
Date funds are needed __________________________

Notification of scholarships to __________________________________________
E-mail address ___________________________ Address __________________________________________
City __________ Zip Code __________

Check payable to __________________________________________
Mailing address __________________________________________
City __________ Zip Code __________

This form should be mailed to: The Arc MN SE Region, 6301 Bandel Road, Suite 605, Rochester, MN, 55901. It can also be faxed to: 507-287-2089, Attn: Marta Phone: 507-287-2032 or toll free 1-888-732-8520