



STEP UP SCHOLARSHIP APPLICATION

PLEASE COMPLETE AND SUBMIT THE COMPLETED APPLICATION. IN ADDITION, RECIPIENTS MUST COMPLETE THE FREE APPLICATION FOR FEDERAL STUDENT AID (FAFSA) FOR EACH ACADEMIC YEAR. THE FAFSA CAN BE COMPLETED BY [CLICKING HERE](#). FOR ADDITIONAL PROGRAM INFORMATION [CLICK HERE](#).

APPLICATION DEADLINES ARE AS FOLLOWS:
FALL - SEPTEMBER 1 / SPRING - FEBRUARY 1 / SUMMER - MAY 1

STUDENT INFORMATION

NAME: _____	SSN4: _____	DOB: _____
STREET ADDRESS: _____ CITY/ST/ZIP: _____		
CELL PHONE: _____ EMAIL ADDRESS: _____		

PARENT / GUARDIAN INFORMATION

NAME: _____	
STREET ADDRESS: _____ CITY/ST/ZIP: _____	
CELL PHONE: _____	ALTERNATE PHONE: _____
EMAIL ADDRESS: _____	

STUDENT < ; < SCHOOL INFORMATION

HIGH SCHOOL NAME: _____	CITY: _____
DIPLOMA/CERTIFICATE RECEIVED: _____	COMPLETION/TRANSITION DATE: _____
POSTSECONDARY INSTITUTION: _____	ACADEMIC YEAR: _____

We hereby certify that the student will be enrolled in a program of study for students with intellectual disabilities and the information provided is true and accurate to the best of our knowledge.

SIGNATURE OF STUDENT: _____ DATE: _____

SIGNATURE OF PARENT/LEGAL GUARDIAN: _____ DATE: _____