

# WASHINGTON INDEPENDENT SERVICES FOR EDUCATIONAL RESOURCES

P.O. Box 323, Hamilton VA 20159

[www.wiserdc.org](http://www.wiserdc.org)

## **WISER Scholarship for Higher Education**

**Application materials must be submitted to the WISER Scholarship Committee representative by March 10, 2017.**

**WISER's** goals are to improve educational services and promote child advocacy by providing comprehensive resources to children and parents in Washington, DC, Northern Virginia, and suburban Maryland. WISER members are seasoned professionals and experts in their fields.

The **WISER** Scholarship of Higher Education was established in 2011 by the WISER Board of Directors in collaboration with NCAG (National Collegiate Advocacy Group- a 501(c) (3) organization) to support students who have documented learning challenges and who demonstrate their originality and leadership skills through community service.

**For 2017 WISER will be awarding two scholarships each in the amount of \$1,000.**

---

### ***General Criteria***

- Applicant must be a **college bound high school senior** living and attending school in the **DC/MD/VA metro area**
  - Applicant must have a **documented learning challenge**
  - Applicant must demonstrate **leadership through community service**
- 

### ***Application Requirements***

1. **Letter of Documentation of learning challenge(s)** which could include a psycho educational or neuropsychological evaluation, copy of an IEP or school learning/accommodation profile or letter from a school learning specialist.
2. **Application Form, including three short answer questions** [ included]
3. **Letter of Recommendation** from guidance counselor or community service project supervisor [form included]

The completed application, including documentation of learning challenge, application form, and letter(s) of recommendation must be **received by March 10, 2017**, to a WISER Scholarship Committee Representative.





# WASHINGTON INDEPENDENT SERVICES FOR EDUCATIONAL RESOURCES

P.O. Box 323, Hamilton, VA 20159

[www.wiserdc.org](http://www.wiserdc.org)

## **WISER Scholarship of Higher Education Letter of Recommendation Form**

We appreciate your taking the time to provide this letter of recommendation. The WISER Scholarship for Higher Education seeks to recognize high achieving students who have documented learning challenges and who demonstrate their originality and leadership skills through community service.

Please fill in or check all areas.

Applicant Name: \_\_\_\_\_

Please check your professional connection to the applicant:

- Guidance Counselor                       Community Service Project Supervisor  
 Other [Please describe: \_\_\_\_\_]

Your Full Name: \_\_\_\_\_

Your Signature: \_\_\_\_\_

Professional Address: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_                      Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email Address: \_\_\_\_\_

### **Background Information**

How long have you known this student and in what context?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **Letter of Recommendation**

The WISER Scholarship Committee is interested in learning more about the scholarship candidates. Please write whatever you think is important about this student, including a description of leadership and other personal characteristics, as demonstrated in community service or in other related activities.

Please attach your letter of recommendation to this sheet and enclose the form and letter in a sealed envelope. **The applicant will submit your recommendation form and letter with his or her application materials. Application materials must be received by March 10, 2017.**

If you have questions regarding this letter of recommendation, please e-mail [wiser@wiserdc.org](mailto:wiser@wiserdc.org). Please include "WISER Scholarship Recommendation Question" in the subject line of your e-mail.

### ***Privacy Act Advisory Statement***

The Privacy Act of 1974(P.L. 93.579) requires that you be given certain information in connection with this request for data. Pursuant to the requirements of the Act, please be advised:

1. The authority for the collection of this data is Public Law 93-642.
2. Submitting the information requested is voluntary.
3. The main purpose for which the data will be used is the selection of award winners for the WISER-NCAG Scholarship.
4. Other routine uses of the data are for public affairs and press releases to news media.
5. Failure to complete the form will mean that you cannot be included among those candidates being considered for this application.

### ***Statement of Understanding:***

The applicant and his/her parent or guardian must sign this application attesting to the following statements:

- We understand that this application is confidential and will be used solely for the purposes of selecting scholarship winners.
- We understand that in applying for this scholarship, we agree to abide by the terms stipulated.
- The information provided in this application will be shared with the Scholarship Selection Task Force and the Executive Director and to any parties as it relates to the selection and maintenance of the scholarship program.

### ***Student's Certification Statement***

I certify, to the best of my knowledge, that the information contained in this application is correct and complete, and that the responses to the short answer questions were written by me. I also certify that I have read and understood the Privacy Act Advisory Statement and the Statement of Understanding.

Applicant signature: \_\_\_\_\_ Date: \_\_\_\_\_

### ***Parent's Certification Statement***

I certify, to the best of my knowledge that the information contained in this application is correct. I also certify that I have read and understood the Privacy Act Advisory Statement and the Statement of Understanding.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The completed application must be received to the WISER Scholarship Selection Committee by **March 10, 2017**.

The completed application must include:

- Completed Application Form including signed Certification Statement
- Letter of Documentation of Learning Challenge(s)
- Letter of Recommendation(s)

Please ensure that all required materials are mailed to:

**WISER**  
**Attn: Scholarship Committee**  
P.O. Box 323  
Hamilton, VA 20159

If you need additional information, please e-mail questions to [wiser@wiserdc.org](mailto:wiser@wiserdc.org) Please include "WISER Scholarship Question" in the subject line of your e-mail.

---

### *Our Mission*

WISER's goals are to improve educational services and promote child advocacy by providing resources to children and parents by:

- **FOSTERING COMMUNICATION** among professionals and others in the field of education to promote the welfare of children and families in the metropolitan area of the District of Columbia.
- **PROVIDING INFORMATION** for parents about the spectrum of disciplines specializing in educational services for children, families and schools.
- **PRESENTING PROGRAMS** to its membership and the community: child development, assessment, learning style, study skills, learning problems and other topics of interest.
- **PUBLISHING** an annual WISER Directory listing all members with descriptions of expertise, which is distributed to 450 schools, hospitals, parent groups and other educational organizations.
- **ENGAGING** in various activities of a professional or charitable nature in order to disseminate information regarding the welfare of children and their special needs.