P.O. Box 323, Hamilton, VA 20159 www.wiserdc.org

WISER Scholarship for Higher Education

WISER is a unique interdisciplinary organization for professionals who work in fields that serve students and individuals with learning and accessibility needs in the DC metropolitan area. 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 to support students who have documented learning challenges and who demonstrate their originality and leadership skills through community service.

For 2022 WISER will be awarding two scholarships, each in the amount of \$1,000.

Additionally, scholarship winner(s) will have free lifetime access to the online study skills course *Better Grades in Less Time* by SMITH RIVAS Study Skills & Academic Coaching.

General Criteria

- Applicant must be a high school senior pursuing higher education who lives and attends school in the DC/MD/VA metro area
- Applicant must have documented learning and/or accessibility needs
- Applicant must demonstrate leadership through community service

Application Requirements

- 1. Letter of Documentation of learning or accessibility 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 short answer responses and signed certification statements [included].
- 3. **Letter of Recommendation** from guidance counselor, teacher, or community service project supervisor [form included]. A maximum of **one** recommendation will be accepted. Only one letter of recommendation will be considered.

The completed application, including documentation of learning or accessibility challenge(s), application form, and letter of recommendation must be received by 11:59 PM on April 1, 2022. Please ensure that all required materials are mailed to:

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

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Application Form

Please fill in or check all areas. An incomplete application will not be considered for the WISER Scholarship. First Name: Middle Initial: Last Name: _____ Mailing Address: _____ City: _____ Zip _____ Zip _____ Telephone: _____ Cell Phone: ______ Email Address: High School name state zip code Year of Graduation _____ **Higher Education Plans:** ☐ Four Year College or University ☐ Community or Junior College ☐ Cooperative Education Program Other:

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Short Answer Questions

The WISER Scholarship Committee is interested in hearing your unique perspective. Please respond to each question using your words and your voice.

Your response may be **typed or recorded**. If you choose to submit a recorded speech, please email **wiser@wiserdc.org**, and include "WISER Scholarship Recorded Speech" in the subject line of your email. Acceptable audio file formats include MP3 or MP4.

<u>Question 1</u>: Please describe the learning or accessibility challenge(s) you face and the strategies you have used to succeed in school and beyond. [100 - 250 words]

<u>Question 2</u>: WISER understands that leadership comes in many forms. Think about a time when you demonstrated leadership through community service. How did you lead and what did you learn from your experience? [100 - 250 words]

<u>Question 3</u>: The WISER Scholarship Committee is interested in learning more about you. Please respond to <u>one</u> of the prompts below [100 - 250 words]:

- A. What do you want to study and why? **OR**
- B. How would you use this scholarship?

Short Answer Checklist

Review

- Read each response out loud or listen to your recorded speech.
- o Did you address all parts of the question?
- o Does the response sound like you?
- Did you use specific language?
- o Do you sound confident?

Proofread

- o Did you include your name on each page of your response?
- o Did you capitalize each sentence and use appropriate punctuation?
- o Did you use spell check?
- o Did you check your draft for errors and typos that may have been missed by spell check?

Share

- Ask someone who knows you well a teacher, parent, mentor, or friend to read your response or listen to your recorded speech.
- o Show them this check-list and ask them to help you review and proofread your responses.

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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 students who have documented learning or accessibility challenges and who demonstrate their originality and leadership skills through community service.

Plea	se fill in or check all areas.			
Appl	icant Name:			
Plea	se check your professional connect	ion to the	e applicant:	
	Guidance Counselor		Community Service Project Supervisor	
	Other [Please describe]:			
Your	Full Name:			
Your	Signature:			
Prof	essional Address:			
Telephone:		Cell Phone:		
Ema	il Address:		_	
Back	ground Information			
Ном	long have you known this student	and in wh	nat context?	

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 11:59 PM on April 1, 2022.

If you have questions regarding this letter of recommendation, please email **wiser@wiserdc.org**. Please include "WISER Scholarship Recommendation Question" in the subject line of your email.

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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.

Applicant Name: _____

- 3. The main purpose for which the data will be used is the selection of award winners for the WISER Scholarship of Higher Education.
- 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:

- 1. We understand that this application is confidential and will be used solely for the purposes of selecting scholarship winners.
- 2. We understand that in applying for this scholarship, we agree to abide by the terms stipulated.
- 3. The information provided in this application will be shared with the WISER Scholarship Committee and the Executive Director and to any parties as it relates to the selection and maintenance of the scholarship program.
- 4. We understand and agree to allow the applicants name, image and educational goals and activities to be used by WISER to promote 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
	he information contained in this application is correct. I also rivacy Act Advisory Statement and the Statement of
Parent Name:	
Parent Signature:	Date:

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WISER Scholarship Application Checklist

The completed application must be received to the WISER Scholarship Committee by 11:59 PM on April 1, 2022.

The d	completed application must include:
	Competed Application ✓ Application Form ✓ Short Answer Response to Question 1 (typed or recorded) ✓ Short Answer Response to Question 2 (typed or recorded) ✓ Short Answer Response to Question 3 (typed or recorded) ✓ Signed Student Certification Statement ✓ Signed Parent Certification Statement
	Letter of Documentation of Learning or Accessibility Challenge(s)
	Letter of Recommendation & Recommendation Form

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 email questions to <u>wiser@wiserdc.org</u>. Please include "WISER Scholarship Question" in the subject line of your email.