



Diedra Kotsakis Memorial Scholarship - CLIENT SCHOLARSHIP APPLICATION

Name: _____
(first) (last)

Address: _____
(street) (town/state)

Email Address: _____

Cell Phone Number: _____

Date of Birth: _____ Age: _____
(month/day/year)

Year of high school graduation, GED or HiSET.

List the school (with complete address) and program that you have been accepted to:

Did you include your acceptance letter from this school or program in your application packet? ___yes ___no

If no, please explain. _____

List the type of degree or certificate you are pursuing: _____

What will you do upon the completion of this program?

List your employment and school experience (include dates, type of job or role)



Tell us about yourself...

Question 1: Please write a short autobiography including information about your family, work, school experience, community involvement, hobbies, sports or activities, and what you hope to do in the future. (150 words)

Question 2: Please write a personal statement describing your accomplishments and goals with the Supported Employment Program at CLM. (150 words)

I, _____ have read and understand the qualifications and eligibility of the Center for Life Management Foundation Scholarship Program. I affirm that I plan to pursue a career that meets said requirements and that the information herein is true and accurate to the best of my knowledge and belief. I agree that if I am selected to receive a scholarship award I will permit the Center of Life Management Foundation to publish my photograph and name on their social media sites and in their marketing and press materials.

Name: _____ Signature: _____ Date: _____

***If you are under 18 years of age, your parent or guardian must sign below acknowledging acceptance of these qualifications, eligibility requirements and image release.**

Case Manager _____ Signature: _____ Date: _____