

The Mercer County Aktion Club Memorial Scholarship

The Mercer County Aktion Club is a service Club supported by the Coldwater and Celina Kiwanis Clubs. There are 12,000 members worldwide.

Our goal is to provide adults living with disabilities an opportunity to develop initiative, leadership skills and to serve their communities

The Mercer county Aktion club scholarship program was initiated in honor of our deceased members and has provided scholarships to Mercer County high school seniors for four years.

“Development Has No Disability”

The Mercer County Aktion Club Memorial Scholarship

The **Mercer County Aktion Club Memorial Scholarship** will be awarded to a Mercer County senior who will attend an accredited four-year, two-year, technical or trade school. Applicant must have some type of disability, a sibling with a disability or be pursuing a degree in Special Education. The scholarship awardee must be a full-time student but may choose any field of study. A completed application includes this **application**, an official **transcript**, **two recommendations** and a **signed contract form**. **Due Date is February 22.**

To the applicant:

Please fill in all information requested as fully and as accurately as possible. **Applications need to be printed neatly using a pen (black or blue).**

Student Name _____

Address _____ Phone _____

Parent/Guardian Name(s) _____

I have given recommendation sheets to the following people:

1. _____ 2. _____



Academic Information

1. I have been accepted to the following post-secondary schools:

2. My final college choice is _____.

3. I plan to major in _____



STUDENT ESSAY (Please include on a separate sheet of paper)

To give the selection committee a better understanding of you, please answer the following:

1. Pick an experience from your own life and explain how it has influenced your development.
2. How has your disability or sibling's disability affected the way you see the world? (if applicable)
3. Who in your life has been your biggest influence? Why?
4. Why do you want to become a special education teacher? (if applicable)

**The Mercer County Aktion Club Memorial Scholarship
Recommendation Form**

Student Name _____ Date _____

Please complete this section

Please make check marks in the appropriate box in each area to evaluate the applicant.

	Excellent	Good	Average	Below	Average	Poor	
Seriousness of purpose							
Ability to study							
Ability to communicate orally							
Ability to communicate in writing							
Initiative							
Responsibility							
Concern for others							
Overall recommendation							
For academic promise							
For personal promise							

Comments:

Signature _____

Phone number _____

E-mail address _____

The Mercer County Aktion Club Memorial Scholarship

Recommendation Form

Student Name _____ Date _____

Please complete this section

Please make check marks in the appropriate box in each area to evaluate the applicant.

	Excellent	Good	Average	Below	Average	Poor
Seriousness of purpose						
Ability to study						
Ability to communicate orally						
Ability to communicate in writing						
Initiative						
Responsibility						
Concern for others						
Overall recommendation						
For academic promise						
For personal promise						

Comments:

Signature _____

Phone number _____

E-mail address _____

The Mercer County Aktion Club Memorial Scholarship

Contract with Recipient

Name: _____

Address: _____

Home Phone: _____

Parents/Guardian Name: _____

By my signature below, I hereby understand that if awarded this scholarship, I will remain a full-time student for a period of 1 year. If I should withdraw from school before this time, I agree to repay the scholarship in full to The Mercer County Aktion Club within one month of withdrawal.

Student Signature: _____

Date: _____