

# SCHOLARSHIP AWARD

## **BILL TAINTER SCHOLARSHIP** **For Students with Disabilities** **Transitioning from High School**

**Sponsored by the Los Angeles County  
Commission on Disabilities**

### **WHO WAS BILL TAINTER?**

Bill Tainter was a longtime advocate for people with disabilities, a nationally recognized leader, and a role model in the disability community. The Los Angeles County Commission on Disabilities established the Bill Tainter Memorial Scholarship Program to offer high school students with disabilities a financial opportunity to become more independent and self-sufficient through higher education.

### **WHAT IS THE PURPOSE OF THIS SCHOLARSHIP GRANT?**

- ◆ To provide supplemental financial assistance to incoming community college, vocational/trade school, or four-year college students
- ◆ To enlighten the public that individuals with disabilities can succeed in higher education and take advantage of expanded career opportunities
- ◆ To educate the community about the academic abilities of students with disabilities

### **HOW MUCH MONEY IS AVAILABLE?**

- ◆ Awards will be granted, one in each Supervisorial District of the County of Los Angeles. *(Awards will be disbursed in two parts – 1/2 upon submission of transcript grades from a community college, vocational/trade school, or four-year for the end of the first school semester/quarter. The second 1/2 will be disbursed upon the submission of transcript grades from the end of the second semester/quarter. Transcript must be submitted 30 days following the end of each semester/quarter.)*

### **WHO IS ELIGIBLE?**

- ◆ Students with a disability graduating/transitioning from high school to a community college, vocational/trade school, or four-year college
- ◆ Students with a cumulative GPA of 2.0 or better with a diagnosed learning or physical disability
- ◆ Applicants residing in the County of Los Angeles

**Applicants must provide:**

- ◆ Proof of enrollment in community college, vocational/trade school or four-year college or provide an acceptance letter from the chosen institute.
- ◆ High school transcripts and/or diploma
- ◆ Two written recommendation letters from counselors, teachers, employers, coaches or rehabilitation counselors

**And**

- ◆ Submit a thoroughly completed Bill Tainter Scholarship Application
- ◆ **MUST** attend the Bill Tainter Scholarship Reception and Board of Supervisors presentation to receive scholarship
- ◆ Agree to attend the 2010 Bill Tainter Scholarship presentation to share their experience as a scholarship awardee
- ◆ Agree to participate in a follow-up *Bill Tainter Memorial Scholarship Fund* survey

***(Failure to present necessary documentation may result in the forfeit of scholarship award.)***

**WHAT ARE THE JUDGING STANDARDS?**

1. Student's academic history
2. Leadership and community involvement
3. Personal accomplishments

Top finalists will be interviewed before final selections are made. The five scholarship award winners will be notified in **June**. Details about the scholarship presentations will be given at that time.

**HOW DO I APPLY?**

Complete an application and submit documents requested. Applications may be photocopied or accessed at [www.laccod.org](http://www.laccod.org) . Return completed applications and supporting documentation to:

**Tainter Scholarship Program  
Los Angeles County Commission on Disabilities  
Kenneth Hahn Hall of Administration  
500 W. Temple Street, Room B-50, Los Angeles, CA 90012  
(213) 974-1053 (Voice) or (213) 974-1707 (TTY) (213) 633-5102 (Fax)**

If you have any questions, please feel free to contact the Commission Office at the above number.  
*(Additional copies may also be obtained by contacting the Commission Office.)*



**Los Angeles County  
Commission on Disabilities**  
*www.laccod.org*



# Bill Tainter Scholarship Application

## Part I

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Gender (M/F): \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home telephone: \_\_\_\_\_ Cellular telephone: \_\_\_\_\_

Work telephone: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Date of Birth: Month \_\_\_\_ Day \_\_\_\_ Year \_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

### Name of Parent(s)

First Name (Mother) \_\_\_\_\_ Last Name \_\_\_\_\_

First Name (Father) \_\_\_\_\_ Last Name \_\_\_\_\_

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

(If different from yours)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home telephone: \_\_\_\_\_ Cellular telephone: \_\_\_\_\_

Work telephone: \_\_\_\_\_ Email address: \_\_\_\_\_

Type of disability: \_\_\_\_\_ Date your disability was diagnosed: \_\_\_\_\_

Functional limitations/characteristics of your disability: \_\_\_\_\_

\_\_\_\_\_

## **Part II**

Name and Address of Los Angeles County High school you are currently attending:

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School contact person (counselor, principal, etc.) \_\_\_\_\_

Telephone: \_\_\_\_\_ Date of anticipated graduation: \_\_\_\_\_

Name of community college, vocational/trade school, or four-year college you plan to attend. \_\_\_\_\_

Number of semester units you plan to take \_\_\_\_\_

### **School and Community Involvement**

Below, please briefly list your involvement with your school and community. This may include any offices you held, club memberships, after school activities or work experiences.

Name of Activity	Adult Contact	Dates (from/to)	Grade level
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*(Please attach a separate sheet of paper if necessary)*

## **Part III**

**A. Questions on the Los Angeles County Commission on Disabilities, Board of Supervisors and Bill Tainter.** (Answers may be written on a separate sheet of paper and attached to the completed application)

1. What can you tell us about the Los Angeles County Commission on Disabilities?
2. Which Supervisorial District do you reside in? Tell us something about your Supervisor.
3. The occupation of a Supervisor is a significant political position in the County of Los Angeles. Could you explain, in your own words, the importance of the position held by a County Supervisor?
4. What is the importance of receiving a higher education?
5. The scholarship for which you are applying is named after Bill Tainter. Tell us something about him.

**B. Required Letter of Interest**

Your answers to the following questions will assess your readiness to become more independent and self sufficient through educational opportunities. Please write your responses on separate sheets of paper and attach to your completed application packet. Your total responses for all four questions should not exceed four (4) typewritten, double-spaced pages. Responses may be printed in black ink.

**Qualifications** – Explain why you feel you are a good candidate for the scholarship.

**Educational Goal** – Explain how education will help you to achieve self-sufficiency and independence.

**Career Goal** – If you receive the scholarship, explain how you plan to use it to attain your career and professional goals.

**Experience as a Person with a Disability** – Describe how your disability will affect your goals or career plans.

Scholarship awardees must agree to attend the 2010 Bill Tainter Scholarship Reception and the Board of Supervisors presentation, to share their experience as awardees, and participate in a follow-up Bill Tainter Scholarship Fund survey.

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

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_

Please attach two recommendation letters from counselors, teachers, coaches and/or employers. If you have any questions, please feel free to contact the Commission on Disabilities staff at voice, (213) 974-1053 or (213) 974-1707 TTY.

Applications and references can be mailed to the following address:

**Bill Tainter Scholarship Program  
Los Angeles County Commission on Disabilities  
Kenneth Hahn Hall of Administration  
500 West Temple Street, Room B-50  
Los Angeles, CA 90012**

**(213) 974-1053 (Voice) or (213) 974-1707 (TTY) (213) 633-5102 (Fax)**

**APPLICATION DEADLINE: ~~MAY 1, 2010~~**

# **THE ERNEST T. HAMILTON, JR SCHOLARSHIP AWARD**

**For Veterans with Disabilities  
who want to pursue a higher education**

**Sponsored by the Los Angeles County  
Commission on Disabilities**

**APPLICATIONS WILL BE AVAILABLE FOR SUBMISSION APRIL 2010.**

## **WHO WAS ERNEST T. HAMILTON, JR.?**

In memory of Ernest T. Hamilton, Jr., who was former Veteran and Commissioner for the Commission on Disabilities, the Commission extended the Ernest T. Hamilton, Jr. Scholarship to veterans with disabilities who want to pursue a higher education.

## **WHAT IS THE PURPOSE OF THIS SCHOLARSHIP GRANT?**

- ◆ To provide supplemental financial assistance to incoming community college, vocational/trade school, or four-year college students.
- ◆ To enlighten the public that individuals with disabilities can succeed in higher education and take advantage of expanded career opportunities.
- ◆ To educate the community about the academic abilities of students with disabilities.

## **HOW MUCH MONEY IS AVAILABLE?**

- ◆ An award will be granted to a veteran student with a disability and has earned a certificate in specialized training. *(Awards will be disbursed in two parts – 1/2 upon submission of transcript grades from a community college, vocational/trade school, or four-year college, for the end of the first school semester/quarter. The second 1/2 will be disbursed upon the submission of transcript grades from the end of the second semester/quarter. Transcripts must be submitted 30 days following the end of each semester/quarter.)*

## WHO IS ELIGIBLE?

- ◆ Veteran residing in the County of Los Angeles.
- ◆ Veteran pursuing a higher education, regardless of age
- ◆ Veteran with a disability or disabilities who has been discharged from the Armed Forces of the United States under honorable conditions
- ◆ Veteran who possess a valid DD Form 214, Certificate of Release or Discharge from Active Duty (DD214), or any other official document(s) issued by the branch of service

*\*Los Angeles County and the Los Angeles County Commission on Disabilities hereby advise the recipient of the Ernest T. Hamilton, Jr. Scholarship the amount received may be an asset subject to disclosure by the recipient. The recipient of the Ernest T. Hamilton, Jr. Scholarship acknowledges the receipt of this scholarship fund may impact his/her eligibility to any currently enrolled public or other benefit programs. The scholarship recipient bears sole responsibility to inform any public or other benefit program of the amount of scholarship he/she receives.*

## WHAT IS THE CRITERIA?

### Applicants must provide:

- ◆ Proof of enrollment in a community college, vocational/trade school documents issued by branch of Government or four-year college or provide an acceptance letter from the chosen institute.
- ◆ High school transcripts and diploma, or a valid DD Form 214, Certificate of Release or Discharge from Active Duty (DD214), or any other official document(s) issued by the branch of service.
- ◆ Two written recommendation letters from counselors, teachers, employers, coaches, or rehabilitation counselors.

### And:

- ◆ Submit a thoroughly completed Ernest T. Hamilton, Jr. Scholarship Application.
- ◆ MUST attend BOTH the Ernest T. Hamilton, Jr. Scholarship Reception and Board of Supervisors presentation.
- ◆ Agree to attend the 2010 Ernest T. Hamilton, Jr. scholarship presentation to share his/her experience as a scholarship awardee.
- ◆ Agree to participate in a follow-up *Ernest T. Hamilton, Jr. Scholarship Fund* survey.

***(Failure to present necessary documentation may result in the forfeit of the scholarship award.)***

## **WHAT ARE THE JUDGING STANDARDS?**

- 1. Veteran's academic history**
- 2. Leadership and community involvement**
- 3. Personal accomplishments**

**Top finalists will be interviewed before final selection is made. The scholarship award winner will be notified by Commission staff. Details about the scholarship presentations will be given at that time.**

## **HOW DO I APPLY?**

**Complete an application and submit documents requested. Applications may be photocopied or obtained by logging onto: [www.laccod.org](http://www.laccod.org) (Scholarship Applications to be available in APRIL 2010). Return completed applications and supporting documentation to:**

**Ernest T. Hamilton, Jr. Scholarship Program  
Los Angeles County Commission on Disabilities  
Kenneth Hahn Hall of Administration  
500 W. Temple Street, Room B-50, Los Angeles, CA 90012  
(213) 974-1053 (Voice) or (213) 974-1707 (TTY) (213) 633-5102 (Fax)**

**If you have any questions, please feel free to contact the Commission Office at the above number.  
(Additional copies may also be obtained by contacting the Commission Office.)**



**Los Angeles County  
Commission on Disabilities**  
*www.laccod.org*



# Ernest T. Hamilton, Jr. Scholarship Application

## Part I

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Gender (M/F): \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home telephone: \_\_\_\_\_ Cellular telephone: \_\_\_\_\_

Work telephone: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Military Service Number: \_\_\_\_\_ Military Branch \_\_\_\_\_

Dates of Service (From) \_\_\_\_\_ (To) \_\_\_\_\_

Type of Disability: \_\_\_\_\_ Date your disability was diagnosed \_\_\_\_\_

Functional limitations/characteristics of your disability: \_\_\_\_\_

\_\_\_\_\_

## Part II

Name of Community College, vocational/trade school, or four-year College you plan to attend. \_\_\_\_\_

\_\_\_\_\_

Number of semester units you plan to take \_\_\_\_\_

## School and Community Involvement

Below, please briefly list your involvement with your school and community. This may include any offices you held, club memberships, after school activities or work experiences.

Name of Activity	Adult Contact	Dates (from/to)	Grade level

*(Please attach a separate sheet of paper if necessary)*

### Part III

**A. Questions on the Los Angeles County Commission on Disabilities, Board of Supervisors and Ernest T. Hamilton, Jr.** (Answers may be written on a separate sheet of paper and attached to the completed application)

1. What can you tell us about the Los Angeles County Commission on Disabilities?
2. Which Supervisorial District do you reside in? Tell us something about your Supervisor.
3. The occupation of a Supervisor is a significant political position in the County of Los Angeles. Could you explain, in your own words, the importance of the position held by a County Supervisor?
4. What is the importance of receiving a higher education?
5. The scholarship for which you are applying is named after Ernest T. Hamilton. Tell us something about him.

**B. Required Letter of Interest**

Your answers to the following questions will assess your readiness to become more independent and self-sufficient through educational opportunities. Please write your responses on separate sheets of paper and attach to your completed application packet. Your total responses for all four questions should not exceed four (4) typewritten, double-spaced pages. Responses may be printed in black ink.

**Qualifications** – Explain why you feel you are a good candidate for the scholarship.

**Educational Goal** – Explain how education will help you to achieve self-sufficiency and independence.

**Career Goal** – If you receive the scholarship, explain how you plan to use it to attain your career and professional goals.

**Experience as a Person with a Disability** – Describe how your disability will affect your goals or career plans.

Scholarship awardee must agree to attend the 2010 Ernest T. Hamilton, Jr. Scholarship Reception and the Board of Supervisors presentation, to share their experience as awardees, and participate in a follow-up Ernest T. Hamilton, Jr. Scholarship Fund survey.

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

Please attach two recommendation letters from counselors, teachers, coaches and/or employers. If you have any questions, please feel free to contact the Commission on Disabilities staff at voice, (213) 974-1053 or (213) 974-1707 TTY.

Applications and references can be mailed to the following address:

**Ernest T. Hamilton, Jr. Scholarship Program  
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Los Angeles, CA 90012  
(213) 974-1053 (Voice) or (213) 974-1707 (TTY) (213) 633-5102 (Fax)**

**APPLICATION DEADLINE: ~~MAY 1, 2010~~**