**** Date: March 1, 2021

The Mayor’s Committee for People with Disabilities is requesting applications for

$ 500.00 awards to help students transition to post-secondary education or into the workforce. Four awards will be presented.

***The attached application and forms along with an essay must be received no later than April 1, 2021 by 5:00 P. M.***

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**Mayor’s Committee for People with Disabilities**

**Award Application**

Increase opportunities for students with disabilities.

This award is open to high school seniors affiliated with the SC Vocational Rehabilitation Department or the SC Commission for the Blind who reside in Spartanburg County. The student must be planning to pursue post-secondary education or employment. This award will assist a high school student with a documented disability entering post-secondary education or the workforce.

***Please send completed applications via email to: mayorscommitteedisabilities@gmail.com OR via mail to: Chairman, Mayor’s Committee for People with Disabilities, PO Box 5313, Spartanburg, SC 29304.***

**General Information**

Name:

Address: Click or tap here to enter text.

City: Click or tap here to enter text. State: Click or tap here to enter text. Zip Code: Click or tap here to enter text.

Telephone Number: Click or tap here to enter text. Email: Click or tap here to enter text.

Parent/Guardian Name(s): Click or tap here to enter text.

Name of High School: Click or tap here to enter text.

Name of Transition Counselor: Click or tap here to enter text.

**Please attach the following:**

* *An essay (minimum of 400 words, maximum of 600 words) describing why you need this award and how it will benefit you.*
* *A support form (attached) signed by your Transition Counselor.*
* *A signature on the attached parent approval form.*

***All forms and your essay must be completed as detailed in this document to be considered.***

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**Name:** Click or tap here to enter text. **Name of High School:** Click or tap here to enter text.

**Grade Level:**Click or tap here to enter text.**Graduation Date:** Click or tap here to enter text.

Essay: Describe why you need this award and how it will benefit you. (minimum of 400 words, maximum of 600 words)

Click or tap here to enter text.

**Support Form from Transition Counselor**

**I,** Click or tap here to enter text.**, am the Transition Counselor at** Click or tap here to enter text.(name of school).

**I am employed with:** Click or tap here to enter text. **.**

**Name of Student for whom you are submitting this form:**

Click or tap here to enter text.

**Student is a Senior: Yes  No (Please check)**

**Please write one paragraph as to why you feel this student should receive this award:**

Click or tap here to enter text.

Click or tap here to enter text. Click or tap here to enter text.

**Signature of Transition Counselor Date**

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***Consent Form***

**If the student applying is under the age of 18, please fill out this section of the consent form.**

*I am the parent or legal guardian of* Click or tap here to enter text. *(student’s name).*

*I give my consent for this student to receive this award should she/he be chosen. I also give my permission for pictures/video to be taken for use in publications, television, websites, online media, and other audio-visual materials.*

*Printed name of Parent/Legal Guardian:* Click or tap here to enter text.

Click or tap here to enter text.Click or tap here to enter text.

*Signature of Parent/Legal Guardian Date*

***If the student applying is over the age of 18, please fill out this section of the consent form.***

*I give my permission for pictures/video to be taken for use in publications, television, websites, online media, and other audio-visual materials.*

*Printed name of Student:* Click or tap here to enter text.

Click or tap here to enter text.Click or tap here to enter text.

*Signature of Student Date*

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