



Achieving True Self
Scholarship Application and Eligibility Criteria

- ✓ Individual must be a high school graduate (or completing final year of high school) with a diagnosis of an autism spectrum disorder and/or an intellectual disability who plan to live within Westmoreland County and find meaningful work.
- ✓ There must be a demonstrated financial need and/or other special job-related or vocational needs.
- ✓ Achievements and activities should include hours of community service.
- ✓ Applicants must have plans for continuing their education or entering the workforce.

The application deadline is **March 15, 2025**.

Completed applications may be mailed to:

Achieving True Self
ATTN: Scholarship Committee
1015 Pennsylvania Avenue
Irwin, PA 15642



This scholarship is being offered in partnership with Grow Westmoreland, a nonprofit connecting young people in our community with training and scholarship opportunities.



ATS Scholarship Application

First Name: _____ M.I. ____ Last Name _____

Pronouns: (circle) He/Him She/Her They/Them

Address: _____

City: _____ State: PA Zip Code: _____

___ (Place checkmark) I confirm that I am a *Westmoreland County* resident.

Email address: _____

Applicant Phone Number: _____

Parent or Guardian Phone Number (if applicable) : _____

School District (if applicable): _____



Please provide as much detail as possible. You may attach additional sheets if necessary.

1. Share with us your plans to continue with either higher education (2-year or 4-year school or college), a vocational program., or if you plan to directly enter the workforce.

2. List any achievements you have received. Also, include any activities such as clubs, hobbies, and/or any special interests.

3. Do you plan to live and work in Westmoreland County? If yes, explain why is that important to you.

4. List community service, employment experiences, and/or household responsibilities.

5. I reside with my:
___ Parent (s) ___ Guardian ___

Other (Name and relationship to you): _____



6. Please share any other information regarding your financial need and/or unique job-related / vocational needs which would warrant special financial consideration.

7. Do you have any special tool or equipment needs required for your training to be successful with the job you are seeking?

8. Explain how your neurodiversity impacts you, and share with us how you have been able to overcome barriers despite challenges you have faced?

Certification and Authorization: We hereby declare that the information on this application is true and correct to the best of our knowledge and beliefs, and we authorize its use by the Scholarship Committee for award purposes only.

Applicant Signature: _____

Parent or Guardian Signature (if applicable): _____

Date of Application: ____/____/____