



**Achieving True Self**  
**Scholarship Application and Eligibility Criteria**

- ✓ Priority consideration for our scholarship will be given to persons (ages 18+) with a diagnosis of an autism spectrum disorder and/or an intellectual disability whose plan is to live within Westmoreland County and find meaningful work.
  
- ✓ There must be a demonstrated financial need and/or other special job-related / vocational needs.
  
- ✓ Achievements and activities should include hours of community service.
  
- ✓ Students/applicants must have plans for continuing their education or entering the workforce.

The application deadline is **March 15, 2024**.

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: (select)    He/Him                      She/Her                      They/Them

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

City: \_\_\_\_\_ 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, or household responsibilities.
  
5. I reside with my:  
\_\_\_ Parent (s) \_\_\_ Guardian \_\_\_ Other: \_\_\_\_\_

Explanation of relationship of 'Other:?' \_\_\_\_\_



Father's occupation: \_\_\_\_\_ Mother's occupation: \_\_\_\_\_

Parents' current marital status: (check one, please)

\_\_\_ single \_\_\_ separated \_\_\_ married \_\_\_ widowed \_\_\_ divorced

Total number of household members this school year: \_\_\_\_\_

Of the number in the above question, how many household members (including yourself) will attend a college, vocational school, or enter the workforce next year?

\_\_\_\_\_

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?

**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: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_