



The Governor's Coalition for Youth with Disabilities  
Bright Lights Scholarship Application

Deadline: February 15, 2010

Part One: Student Information

Today's Date:

PLEASE TYPE OR PRINT

Student Name:  Are you a U.S. Citizen:  Yes  No

Address:  City:  State:  Zip:

Home Phone:  E-mail:

Social Security #:  Date of Birth:

High School Name:  School Phone:

School Address:  City:  State:  Zip:

Principal's Name:  Counselor's Name:

Please check off or list ALL College(s) or Post Secondary Program(s) applied to, check if accepted:

Connecticut State University System:

- Central  Eastern  Southern  Western
- accepted  accepted  accepted  accepted

Connecticut Community Colleges:

- Asnuntuck  Capital  Gateway  Housatonic  Manchester  Middlesex
- accepted  accepted  accepted  accepted  accepted  accepted
- Naugatuck  Northwestern  Norwalk  Quinebaug  Three Rivers  Tunxis
- accepted  accepted  accepted  accepted  accepted  accepted
- OTHER:   Goodwin  UCONN
- accepted  accepted  accepted

What is your intended Major of Study?:

Are you a client of any of the following agencies: BESB  BRS  DCF  DDS  DSS

If so, please provide us with the name of your Counselor:

For Official Use Only: District	<input type="text"/>	Dx	<input type="text"/>	Other	<input type="text"/>	Cum	<input type="text"/>
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**Part Two: Contributions to School and Community**

Briefly highlight the services you have provided to your high school, work or community. Include letters of recommendation, transcripts, and/or resumé.

**High School:**

**Community:**

**Work Experiences:**

**Awards/Honors/Other Recognitions:**



**Part Three: Essay**

Please type a 500-600 word essay (approximately two double-spaced pages) answering the following:

Please describe the nature of your disability, its limitations, and how you have overcome the challenges it has presented to you.

**Part Four: Student Consent and High School Certification**

**IMPORTANT!** Please read and sign below:

Student Consent:

To the best of my knowledge, all information submitted in this application is accurate. I authorize use of any information in this application and/or my photograph, image, voice or words in connection with any activities and/or publicity by the Governor’s Coalition for Youth with Disabilities (GCYD). I also authorize GCYD to release the name and/or nature of my disability. I understand that the Bright Lights Scholarship program is a competitive process and not all applicants will be awarded a scholarship.

Student’s Signature:  Date:

Parent/Guardian’s Signature:  Date:   
If student under 18 years of age

High School Certification: Authorized signature required

I certify that the information provided in this application is accurate and the applicant is a permanent Connecticut resident. I also certify that the applicant’s disability meets the eligibility criteria under Special Education law or Section 504 of the Rehabilitation Act of 1973.

Signature & Title of School Official:  Date:

Phone:  Fax:  E-mail:



GIVE STUDENTS A 50/50 CHANCE!



## Application Checklist

Did you remember to:

- Complete part 1 (student information) and list college(s) applied to and intended Major.
- Complete part 2 (contributions to school and community) and attach any letters of recommendation, transcripts, and/or resumé.
- Complete part 3 (essay).
- Complete and sign part 4 (student consent and high school certification) including parent/guardian signature, if applicable.

**\*\*Please note: To be eligible for a Community College scholarship you must apply and be qualified for Financial Aid. Please check with your Community College for Financial Aid application procedures.**

**PLEASE MAKE SURE THAT ALL PARTS ARE COMPLETED.**  
**INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.**

***Deadline is February 15, 2010***

**MAIL TO: GOVERNOR'S COALITION FOR YOUTH WITH DISABILITIES  
P.O. BOX 2485  
HARTFORD, CT 06146-2485**

***Connect with us on FACEBOOK and LINKEDIN!***



## Demographics

The requested information is completely voluntary and will be kept separately from your application. If completed, the information will be kept confidential and only used for demographic purposes.

**Sex:**

- Male
- Female

**Ethnicity:**

- White
- Hispanic / Latino
- Black / African American
- Asian
- Native American / American Indian
- Other \_\_\_\_\_

**Yearly Household Income:**

- Less than \$25,000
- \$25,000 - \$49,999
- \$50,000 - \$74,999
- \$75,000 - \$99,000
- \$100,000 or Over



## **Questions and Answers about The Bright Lights Scholarship Application Process**

### ***HOW CAN WE DETERMINE IF A STUDENT IS ELIGIBLE TO APPLY FOR THE BRIGHT LIGHTS SCHOLARSHIP?***

#### **To be eligible to apply for a GCYD Scholarship the student must meet the following criteria:**

- Is currently a graduating high school senior planning to attend post-secondary education.
- A permanent resident of Connecticut (CT residents attending high school outside of the state are eligible).
- Have a disability under Special Education Law or Section 504 of the Rehabilitation Act of 1973.

### ***HOW ARE SCHOLARSHIP WINNERS SELECTED?***

#### **All applicants are reviewed by a panel of judges. Scholarship recipients are selected on the basis of the following 3 criteria.**

- The manner in which candidates have overcome the obstacles created by their disability.
- The degree to which the candidates have contributed to their school and community through service, leadership and being a positive role model.
- The candidate's promise for a successful career.

### ***DOES THE SEVERITY OF THE DISABILITY ENTER INTO THE JUDGING PROCESS?***

#### **While there is not an order of selection, the more severely disabled applicants typically have greater challenges to overcome. Judges will consider applicant's accomplishments in relationship to the limitations imposed by the disability.**

### ***WHAT CAN I DO TO ASSIST THE STUDENT WITH THE APPLICATION PROCESS?***

#### **You can help in the following ways:**

- Inform all guidance counselors, Title 1, and Special Education staff about the Bright Lights Scholarships.
- Get the word out to eligible students. You can download a copy of the Bright Lights Flyer and post it on school bulletin boards.
- Assist your school's nominee(s) in completing all parts of the application. Feel free to attach additional documentation to support the application such as the student's resumé, letters of recommendation, and transcripts.

***IF YOU HAVE MORE QUESTIONS YOU CAN E-MAIL US: [INFO@GCYD.ORG](mailto:INFO@GCYD.ORG)***

**Mail the completed application and supporting materials by FEBRUARY 15, 2010 to:**

***THE GOVERNOR'S COALITION FOR YOUTH WITH DISABILITIES  
P.O. BOX 2485  
HARTFORD, CT 06146-2485***