



**PATH - WAY**  
*Providing Access To Happiness*

## SCHOLARSHIP APPLICATION 2018

**PLEASE TYPE or PRINT YOUR ANSWERS**

1.	<b>Last Name:</b>	<b>First Name:</b>
2.	<b>Mailing Address:</b>  <b>Street:</b>  <b>City:</b>  <b>State:</b> <b>Zip:</b>	
3.	<b>Telephone number:</b>	
4.	<b>Email Address:</b>	
5.	<b>Date of Birth:</b>	
6.	<b>Gender: Female</b>	
7.	<b>Name and location of High School attending:</b>  <b>Name:</b> <b>Location:</b>	
8.	<b>A. If you have decided on what college you will attend, please list school name:</b>  <b>B. If not, list your top 2or 3 college choices:</b>  1.  2.  3.	

9.	<p><b>Name &amp; address of parent(s) or legal guardian(s):</b> _____</p> <p>(Include address if different than your own listed in Question 2.)</p> <p>Name(s): Street: City:                      State:                      Zip:</p> <p><b>Phone of parents or legal guardians:</b></p>
10.	<p><b>Please have your school send your transcripts to PATH-WAY.</b></p>
11.	<p><b>Please include a letter of recommendation. This can be sent directly to PATH-WAY by the person of your choice. It is helpful to provide this person with a stamped envelope addressed to PATH-WAY.</b></p>
12.	<p><b>On a separate sheet please write an essay (250 - 500 words) explaining the impact of your disability on your life and explain your educational goals and future aspirations.</b></p>



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### STATEMENT OF ACCURACY FOR STUDENTS

I hereby affirm that all the above stated information provided by me is true and correct to the best of my knowledge. I also consent that if chosen as a scholarship winner my picture may be taken and used to promote PATH-WAY's scholarship program. (Winner may waive photo due to unusual or compelling circumstances.)

I hereby understand that if chosen as a scholarship winner, it is my responsibility to remit to the Foundation the appropriate information for my scholarship to be paid directly to my educational institution for the fall semester of the 2018 academic year.

I hereby understand I will not submit this application without all required attachments and supporting information. Incomplete applications or applications that do not meet eligibility criteria will not be considered for this scholarship.

**Signature of scholarship applicant:** \_\_\_\_\_  
**Date:** \_\_\_\_\_

### STATEMENT OF SUPPORT BY GUIDANCE COUNSELOR

I hereby affirm that this application meets the criteria set forth by this scholarship program and that I support this application to PATH-WAY Providing Access to Happiness.

Name of Guidance Counselor submitting the application:  
\_\_\_\_\_

High School:  
\_\_\_\_\_

Contact information (email and phone)  
\_\_\_\_\_

**Signature of Guidance Counselor:** \_\_\_\_\_  
**Date:** \_\_\_\_\_

**Checklist**

- Application
- Essay
- Guidance Counselor Signature
- School Transcript
- Letter of Recommendation to be sent directly to PATH-WAY

**MAIL COMPLETE APPLICATION PACKAGE TO:**

WeWORK c/o (Stephanie Zaia)  
PATH-WAY Scholarship Committee  
745 Atlantic Ave.  
Boston, MA 02111

Application deadline: March 30, 2018