



**IRENE ORLANDO FUND FOR CHILDREN WITH AUTISM**

**SCHOLARSHIP APPLICATION FORM  
2009 – 2010 School Year**

**Introduction**

Irene Orlando, an administrator with the Special School District, dedicated her 35-year professional career to educating children with autism. Irene, committed to helping children and their parents, passed away in January 2009 following surgery. Her expertise and knowledge of autism spectrum disorder was well-known and highly regarded throughout the St. Louis area. Parents and colleagues depended on her expertise to plan curricula, to develop programs and to implement day-to-day classroom and home instruction. To pay tribute to Irene’s commitment, her family and friends established the Irene Orlando Fund for Children with Autism.

The Irene Orlando scholarship, sponsored by the Special Education Foundation through the Irene Orlando Fund for Children with Autism, will be given to a student, served by the Special School District, who has autism spectrum disorder. Please complete the information on the form and mail to: **Special Education Foundation, 10176 Corporate Square Drive, Suite 100, St. Louis, MO 63132. Applications must be submitted no later than January 31, 2010.**

**Items considered for awarding of scholarships are:**

- Student Essay. . . . . one to three points
  - Based on content, neatness and specificity to Special Education Foundation
- Letters of Recommendation. . . . . one to three points
  - Two letters required – one must be from SSD teacher
- Financial Need . . . . . one to three points
- Academics. . . . . one to four points based on G.P.A.
- Extra Curricular Activities. . . . .one to three points
  - Based on areas of activities-arts, sports, community service, etc.

**Requirements**

A few considerations are essential. The absence of these elements will disqualify your application or adversely impact its evaluation.

- **The essay must be written by the student and be specific to the Special Education Foundation’s mission.**
- **The essay must state why the scholarship is requested and how the scholarship will benefit the applicant.**
- **The application must be complete. All information must be submitted in the application form. Attachments, such as resumes in place of the information requested in the form, will NOT be accepted.** There are four areas of achievement in which we seek information about the applicant: academics, art, athletics and community service. The successful applicant will have entries in at least three of the four areas.
- **The application should be neat and well organized.** Writing should be clear and accurate. All information should be received by SEF as one unit.
- **Appropriate signatures are required.**
- **An official transcript is required.**
- **At least two letters of reference are required.** One from the student’s SSD teacher; the other from a professional (school counselor, minister, etc.).
- **The family’s most recent tax return (pages 1 & 2 of Form 1040) must be attached.**

1) **Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
Street City State Zip

**Home phone:** (\_\_\_\_) \_\_\_\_\_

**Parent/Legal Guardian(s) Work/Cell Phone:** (\_\_\_\_) \_\_\_\_\_ / (\_\_\_\_) \_\_\_\_\_

**Parent/Legal Guardian(s) name** \_\_\_\_\_

**Parent/Legal Guardian(s) address (if different from the applicant)** \_\_\_\_\_

\_\_\_\_\_  
Street City State Zip

**Date of Birth** \_\_\_\_\_ **Male** \_\_\_\_\_ **Female** \_\_\_\_\_

2) **Indicate the Special School District program in which applicant is enrolled.**

Vocational/Technical

Special Education

**School:** \_\_\_\_\_ **District attending** \_\_\_\_\_

**School Address:** \_\_\_\_\_  
Street City State Zip

**Name of School Counselor:** \_\_\_\_\_

**Name of SSD Teacher:** \_\_\_\_\_

**Teacher's phone number** \_\_\_\_\_ **Teacher's voicemail** \_\_\_\_\_

**Teacher's e-mail address** \_\_\_\_\_

**Teacher's mailing address** \_\_\_\_\_  
Street City State Zip

**SSD nominating teacher's signature:** \_\_\_\_\_

**Check the appropriate types of program and service the applicant is receiving**

**Program:**

Autism     Behavior Disorder     Hearing Impaired     Other Health Impaired     Learning Disabled  
 Physically Impaired     Vision Impaired     Speech/Language Impaired     Mentally Handicapped

**Service:**

Itinerant     Self-Contained     Resource     Consultative     SNAP

3) **List school(s) attended in the last four years, including the current school:**

**Date Enrolled**                      **School**                                      **City/State**                                      **Grade Completed**

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**4) To what school or program would scholarship support be applied?**

**Name of School Program** \_\_\_\_\_ **City/State/Zip** \_\_\_\_\_

**5) Estimate minimum funds required to attend chosen school or program in 2010 \$** \_\_\_\_\_

**6) Financial Need Criteria: Attach the most recent tax return (pages 1 & 2 of Form 1040).**

**Applicant's Statement of Financial Need:** \_\_\_\_\_

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**7) On separate sheet(s) of paper, write an essay stating the reasons for needing this scholarship, including the expected benefits from attending the school or program. Include any information that you feel would help to convince the committee that you deserve and need this scholarship. **The essay must be written specifically for this scholarship application and should reflect the role that special education has played in the educational and personal development of the student.****

**The following information is required to process the application.**

**8) Academics: Grade Point Average** \_\_\_\_\_ **Class Rank** \_\_\_\_\_

**9) Activities (arts and athletics)**

**Arts: Provide information regarding achievements in the visual or performing arts (recognition, grades, etc.)** \_\_\_\_\_

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**Athletics: Provide information regarding athletic achievement (recognition, statistics, individual goals, etc.).**

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**10) Community Service: Provide information regarding achievement in community service activities (responsibilities, recognition).**

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**11) Awards: Provide information regarding awards student has received.**

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**Signature of applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

**Signature of parent/legal guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

**QUESTIONS?**

Call Diane Buhr at 314-567-8100 or e-mail Diane at [dibuhr@aol.com](mailto:dibuhr@aol.com)

