



KEYS TO EXCEPTIONAL YOUTH SUCCESS *Scholarships for Students with Exceptional Abilities*

The KEYS Scholarship assists students with disabilities who pursue postsecondary education, vocational training, or other educational opportunities.

2022-2023 KEYS Scholarship Application

Application Deadline: Friday, February 18, 2022

APPLICATION INSTRUCTIONS

1. Sign and date on page 2. If you are under 18 years old or an adult under guardianship, a parent or guardian's signature is required.
2. Complete pages 2 - 7. Attach additional pages if needed.
3. Give pages 8 & 9 to an "Applicant Appraiser" of your choice to complete. Your "Applicant Appraiser" should be a current school or college counselor or teacher **OR** you may select an employer, clergy member, job supervisor, or individual in a position to evaluate your performance as related to the eligibility criteria. ***You and your "Applicant Appraiser" are responsible for completing and submitting all required documents.***
4. Complete page 10 if you are planning to attend a Non-traditional Postsecondary Program.
5. **Submit the following documents to Allison Leatzow on or before the application deadline:**
 - a. Completed application pages 2-10.
 - b. A current photograph of yourself. This photo will not be returned.
 - c. Your high school transcripts or GED.
 - d. A current Individualized Education Plan (IEP) or equivalent official document that substitutes for the IEP at the applicant's school (504 Plan, Instructional Service Plan, official support plan).

Submit Application by Friday, February 18, 2022, to:

leatzowa@gmail.com

or

KEYS Scholarships – Allison Leatzow

508 Collinsford Rd
Tallahassee, FL 32301

If you have questions contact KEYS scholarship chair **Allison Leatzow** at **(850) 443-4757** or **leatzowa@gmail.com**.



APPLICANT ACKNOWLEDGMENTS

SUBMISSION DEADLINE

The KEYS scholarship committee reserves the right to process ONLY completed applications submitted by deadline. **Please check to be sure your scholarship was received on or before the final date of February 18, 2022.**

REQUIRED INFORMATION

I understand that this application becomes valid only when all of the required information has been received by the KEYS Scholarship Committee.

CERTIFICATION OF INFORMATION

I certify that the information on this application is complete and accurate to the best of my knowledge. Falsification of information may result in termination and loss of any scholarship granted.

PERMISSION TO USE RECIPIENT INFORMATION

I agree, if I am granted and I accept a KEYS Scholarship or affiliated program award, the KEYS organization, its agents and affiliates may have full use of my name, image, KEYS award amount, my community name, my current school name and address, and name of the postsecondary institution I will attend in any and all promotional material, such as but not limited to: press releases, public announcements, fund-raising, promotional print, audio, and video across multitude of mass media outlets worldwide including Internet.

AWARD INFORMATION

I understand that KEYS scholarship awards are provided by the KEYS organizations' fiscal agent, the Foundation for Leon County Schools, to the institution of higher learning upon receipt of a class registration and invoice for payment. **I understand that should a scholarship award be made, I must submit to the committee a copy of class registration and invoice for classes, in order for tuition to be paid directly to the institution of higher learning. I understand that it is my responsibility to register for said classes and provide registration and invoice information to the committee at least two weeks prior to institution of higher learning deadlines for tuition payment.**

Applicant Signature : _____ Date : _____

Parent/Guardian Signature : _____ Date : _____
(Required For Students Under 18 Years of Age or Adults with Guardianship)

This application was completed by : _____



PERSONAL INFORMATION – please type or print neatly in ink

Name _____ (Last) _____ (First) _____ (Middle)

Date of Birth _____ Social Security Number XXX-XX-_____

Address _____ (Street) _____ (City) _____ (State) _____ (Zip)

Home Phone _____ Cell Phone _____

Email Address _____

Name(s) of Parent(s)/Guardian(s) : _____

Home Address of Parent(s)/Guardian(s) if different from applicant :

Email Address of parent (s)/ Guardian(s):

Demographic and Cultural Information (Optional)

Check All That Apply :

- Black or African American Asian/Pacific Islander Hispanic/Latino
- American Indian White Caucasian Other: _____

List exceptionalities that apply :

- Down Syndrome Cerebral Palsy Autism Spectrum Disorder
- Spina Bifida Intellectual Disability Visual Impairment
- Traumatic Brain Injury Speech or Language Impairment Hearing Impairment
- Developmental Disability Genetic Disorder – what type? _____
- Learning Disability Physical Disability Emotional/Behavioral Disability

Any other disability or condition, please describe _____



Other Support :

Answering the following questions will **not** affect your eligibility for a KEYS scholarship.

Are you a client of Vocational Rehabilitation (VR)? Yes _____ No _____

Are you a client of the Agency for Persons with Disabilities (APD)? Yes _____ No _____

Are you on the APD waiting list? Yes _____ No _____

Do you receive services from the Florida Division of Blind Services? Yes _____ No _____

SCHOOL DATA

List high schools and any postsecondary schools you have attended, most recent first.

| School Name and Address | Date From/Date To | Field of Study |
|-------------------------|-------------------|----------------|
| | | |
| | | |
| | | |
| | | |

High school graduation/GED date: _____
(month) (year)

Are you a senior in high school this year? Yes _____ No _____

If not, indicate your postsecondary year of study for this year:

___ Freshman ___ Sophomore ___ Junior ___ Senior

Diploma type you received/will receive upon graduation:

___ Standard Diploma ___ Standard Diploma with Access Points ___ Special Diploma



TRANSCRIPT INFORMATION (Standard Diploma Students Only)

A. High school seniors and students who have completed less than one semester of postsecondary education, *include a high school transcript and have the following section completed by the appropriate school official.*

Applicant ranks _____ in a class of _____ Cumulative grade point average: _____/4.0 scale

PSAT: Verbal _____ Math _____ SAT: Verbal _____ Math _____

| School Official's Signature | Date | Title | Telephone # |
|------------------------------------|----------|--------|---------------|
| School Official's Business Address | (Street) | (City) | (State) (Zip) |

B. Students currently enrolled in college or vocational-technical school *include recent college and/or vo-tech transcripts.*

FUTURE EDUCATIONAL PLANS

What postsecondary school or program would you like to attend?

___ 4-Year College University – which one? _____

___ Community College – which one? _____

___ Vocational/Technical School - which one? _____

___ Non-traditional postsecondary option - which one? _____

Examples include: transition programs and day programs (Pyramid Inc. and United Cerebral Palsy Life Links). ** If you choose this option, complete p. 10, "Additional Information for Non-traditional Postsecondary Programs."*

Postsecondary Living Accommodations: ___ Live on campus ___ Live off campus

Type of student: ___ Less than half-time ___ Half-time or more ___ Full-Time

Anticipated graduation date from postsecondary program: _____
(month) (year)

What field of study do you intend to pursue? _____



EXTRACURRICULAR ACTIVITIES

| Activity | Date From/To | Hours per Week | Awards or Honors |
|--|--------------|----------------|------------------|
| Hobbies, special interests, and sports: | | | |
| Jobs or volunteer work: | | | |
| Clubs or other organizations: | | | |
| Lessons, tutoring, or training: | | | |
| Any other special activities in which you participate: | | | |



APPLICANT APPRAISAL

This section **must be completed** by someone who knows the applicant well and is in a position to evaluate him or her. The Applicant Appraiser can be a current school or college counselor, teacher, clergy member, support coordinator, or job supervisor.

Please provide information to supplement a KEYS scholarship application that will help the applicant pursue postsecondary education goals. When complete, return to applicant or send directly to KEYS Scholarship Committee.

Applicant’s choice of a postsecondary education program is:

extremely appropriate very appropriate appropriate inappropriate

Applicant’s goals reflect their ability:

extremely well very well moderately not well

Applicant’s ability to set realistic and attainable goals is:

excellent good fair poor

The quality of the applicant’s commitment to school and community is:

excellent good fair poor

Applicant is able to seek, find, and use learning resources:

extremely well very well moderately not well

Applicant demonstrates curiosity and initiative:

extremely well very well moderately not well

Applicant demonstrates good problem-solving skills, follow through, completes tasks:

extremely well very well moderately not well

The applicant’s respect for self and others is:

excellent good fair poor

B. Explain why this student should receive this scholarship.



C. Please describe how you know the applicant.

D. How long have you known the applicant? _____

E. Is there any information that you would like to share about the applicant relevant to this scholarship?

F. Briefly describe the applicant's exceptionalty and how it affects their educational goals and including what initiative the applicant has undertaken to succeed.

Appraiser's Name (Please Print)

Appraiser's Signature Date Title Telephone Number

Appraiser's Business Address (Street) (City) (State) (Zip)

Appraiser's Email



Additional Information for Non-traditional Postsecondary Programs

This includes transition programs and day programs (Pyramid Inc. and United Cerebral Palsy Life Links).

1. What program do you wish to attend?

2. How many days a week will you be attending? (Circle one)

1 Day

3 Days

5 Days

2 Days

4 Days

COST PER DAY _____

3. What date do you anticipate beginning this program? _____