



**Garrett Organization
for the Handicapped**

P.O. Box 223 • Oakland, Maryland 21550

MEMORANDUM

To: Guidance Counselors/Financial Aid Officers

From: The Garrett Organization for the Handicapped (GOH)

Topic: Dorothy R. Leuba Scholarship

Date: February 2024

Enclosure

Just a reminder that the Dorothy R. Leuba scholarship is available to Garrett County residents who meet at least one of the following eligibility criteria:

- 1) individuals with a disability seeking post high school training or education,
- 2) individuals who currently provide direct service to people with disabilities and desire to further their education in that field,
- 3) individuals who are enrolled in a college course(s) to prepare for a career providing direct service to people with disabilities,

Please feel free to copy the enclosed forms to meet your needs.

For further information contact:

GOH Scholarship Committee, Post Office Box 223, Oakland, Maryland 21550 or e-mail graybill@shentel.net

DOROTHY R. LEUBA SCHOLARSHIP INSTRUCTIONS AND INFORMATION

The Garrett Organization for the Handicapped (GOH) offers the Dorothy R. Leuba Scholarship to Garrett County residents. Individuals with disabilities desiring to further their education and individuals pursuing training in the provision of services to persons with disabilities are eligible to apply. The amount of the scholarship varies and may be divided among two or more recipients.

INSTRUCTIONS

Scholarship recipients:

- **If disabled must provide verification of disability.**
- **Must apply scholarship to the payment of tuition and fees up to \$1000.00 per year.**
- **Must submit most recent high school transcript/G.E.D./ college transcript.**
- **Must submit a completed application no later than 60 days prior to the start of classes.**
- **Must submit three (3) letters of recommendation, mailed directly to the Scholarship Committee. One academic and two personal. Recommendations from relatives will not be accepted.**
- **Must submit a letter of acceptance from the school or college.**
- **Must submit a statement of tuition and fees from the school or college to the Scholarship Committee each semester.**
- **Must maintain a grade point average of 2.5 or better. The applicant must have the school or college send a grade report to the Scholarship Committee each semester.**
- **May be asked to attend an initial personal interview.**
- **May apply for scholarship renewal annually a maximum of three times. (Personal interview may be required.)**

INFORMATION

- **Scholarship recipients may attend the accredited school of their choice. (Vocational, business, two- or four-year colleges)**
- **All completed applications will be presented to the GOH Scholarship Committee. Selected applicants will be notified of personal interview date if necessary.**
- **Each applicant will receive a letter of selection or rejection. If selected amount of scholarship will be stated.**
- **Failure to comply with the above criteria may result in rejection of the application or loss of the scholarship.**
- **Each semester a check, made payable to the school or college, in the amount of your scholarship will be mailed directly to the school. The check will be issued only upon receipt of the statement of tuition and fees from the college. (See instructions above.)**
- **Scholarship awards are made at the sole discretion of the GOH Scholarship Committee.**

DOROTHY R. LEUBA SCHOLARSHIP APPLICATION

(Please type or print neatly.)

Name: _____ Age: _____ Phone: _____

Address: _____
Street or Box City State Zip Code

e-mail address: _____

High School: _____ Date of Graduation: _____

Check One: Diploma _____ Certificate of Completion _____ G.E.D. _____

Guidance Counselor's or advisor's name: _____

Disabling Condition*: _____
*Attach Verification

School or College you will attend: _____

Address: _____

Major course of study: _____

Tuition and fees per semester: \$ _____

List all other financial assistance you will receive for this school year:

| <u>Source</u> | <u>Amount</u> |
|---------------|---------------|
| _____ | _____ |
| _____ | _____ |

Starting Date: First Semester _____ Second Semester _____

On the back of this page, or on a separate sheet, please write a brief essay including personal history, educational plans and career goals.

Mail completed application with attached verification of disability and letter of acceptance from the school or college to:

**GOH SCHOLARSHIP COMMITTEE
P.O. BOX 223
OAKLAND, MARYLAND 21550**

The individuals who write letters of recommendation must mail them directly to the GOH SCHOLARSHIP COMMITTEE. Please provide them with the above address.

SIGNATURE: _____ DATE: _____

**ALL INFORMATION MUST BE RECEIVED NO LATER THAN 60 DAYS PRIOR TO THE START OF CLASSES.
THE COMMITTEE WILL HOLD ALL INFORMATION IN STRICT CONFIDENCE.**