



# Scholarship Policies and Procedures

Life Experiences' mission is to serve and improve the lives of adults with intellectual and developmental disabilities and their families throughout the Triangle region.

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### 1. Statement of Purpose

The primary purpose of scholarships is to provide a resource for adults with intellectual and developmental disabilities that have a financial hardship to engage in developmental programming in our community.

### 2. Management

The Scholarship Committee of Life Experiences shall serve as the administrator of Scholarships. This Committee shall review all applications along with the Life Experiences leadership staff. All scholarship applications shall be reviewed at the regular Scholarship Committee Meetings. The scholarship will bring recommendations to the full board meetings at which time the approval of the scholarship will receive a formal vote. Meetings may also be specially called for this purpose.

### 3. Eligibility and/or Qualifications

- a) Adults with intellectual and developmental disabilities who do not currently have the NC Innovations Waiver or are receiving 1915(i) benefits.
- b) At least 18 years of age at the time services will begin.
- c) Residents of Wake or one of the surrounding Counties, (Chatham, Orange, Durham, Johnson, Harnett, Nash, Franklin).
- d) Evidence of financial need.

### 4. Selection

- a) Review of a completed standard application by the Scholarship Committee
- b) Review of Federal tax returns for two years immediately preceding application.
- c) Review of personal statement of financial need of individual submitting the request.

## 5. Guidelines

The following guidelines are established to assist with the determination of the Scholarship Award.

- a) Scholarships shall be reviewed/awarded annually.
- b) Scholarship awards may be for any amount (full or partial) but shall be specified in dollar amount for budgeting purposes.
- c) Scholarships are not automatically renewed. For renewal consideration, scholarship re-applications must be submitted annually by May 15 for the following fiscal year (July 1-June 30).
- d) New scholarship applications will be reviewed on a rolling basis, unless funding capacity has been reached.
- e) Scholarships shall be awarded only if funding is available.
- f) Scholarships shall be for tuition only and are not paid directly to the consumer.
- g) Scholarships are non-transferable.
- h) Scholarship recipients must contact Life Experiences immediately if: the financial circumstances necessitating the scholarship have changed, the recipient begins receiving the NC Innovations Waiver, or the recipient begins receiving 1915(i) benefits.
- i) Once the NC Innovations Waiver or 1915(i) benefits begin the Life Experiences Scholarship will conclude.

## 6. Scholarship Award Letter

Once recipient is selected, an award letter will be sent out by Life Experiences, Inc.

The award letter to the recipient shall include:

- a) Name of Scholarship Recipient
- b) Amount of award, (\$ amount)
- c) Start date, end date
- d) An explanation of how the award will be paid DIRECTLY to the service provider for services provided to the recipient including the service provider's name.
- e) A reminder that the reward is paid automatically, and it is the recipient's responsibility to notify LE if the recipient no longer attends programming at the service provider with thirty days' notice. Including information on how to contact LE for a change of status.
- f) A reminder that the recipient must submit a new application for the following year and the due date for next year's application.
- g) A reminder that Scholarship Recipients are requested to contact Life Experiences immediately if the financial circumstance necessitating the scholarship has been rectified.
- h) A statement regarding the confidentiality of the award amount.

## 7. Record of Scholarship

Once a scholarship award is made, an eligibility sheet is to be maintained by Life Experiences in the personnel file of each scholarship award recipient. This document is reviewed annually and updated or amended to reflect changes in status. The eligibility sheet will include the following information:

- a) Name of Scholarship Recipient
- b) Amount of Award, (\$ amount)
- c) Application and Accompanying Documents

Life Experiences strives to ensure that these policies and procedures are objective, fair, impartial, and in compliance with its mission and Board Policy.

## 8. Scholarship Application Procedure

**Omission of any components listed below delays review of the application.**

- 1) Please print clearly providing all information on the following application page or fill out the form electronically.
- 2) Write a personal statement of financial need or hardship.
- 3) Attach two (2) years of most recent Federal tax returns for parent or guardian. Returns may not be more than three years old. If parent or guardian does not file tax returns but receives Social Security, please attach statements of SS benefits.
- 4) If the applicant has tax returns, please also attach these, otherwise, indication of SSI amount and any other income is sufficient.
- 5) Return completed application and attachments with applicable signatures, to: Life Experiences, Attn: Scholarships | P.O. Box 282 | Morrisville, NC 27560; or, email to: [applications@lifeexperiences.org](mailto:applications@lifeexperiences.org).

## Applicant Information

Applicant Full Name: \_\_\_\_\_  
*Last First M.I.*

Date of Birth: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_  
*Last First M.I.*

Relationship to applicant:  mother  father  family member \_\_\_\_\_  non-family guardian

Guardian Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_ *City State ZIP Code*

Guardian Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## Financial Information

Parent(s)/Guardian(s) total monthly gross income: \$ \_\_\_\_\_  
*(Include all sources: salary, retirement, VA benefits, Social Security, etc.).*

No. of household dependents: \_\_\_\_\_ Applicant total monthly gross income: \$ \_\_\_\_\_  
*(Include all sources: SSI, wages, etc.).*

The applicant has the NC **Innovations Waiver**:  Yes or  No

If no, has the applicant been placed on the NC I/W waitlist?  Yes or  No Date added to list: \_\_\_\_\_

The applicant receives **1915i** benefits from Medicaid:  Yes or  No

Has the applicant applied for 1915i benefits:  Yes or  No

## Programming information

Name of the program the applicant is attending or desires to attend: \_\_\_\_\_

Approximate cost/month for desired program: \$ \_\_\_\_\_

No. of hours/week desired: \_\_\_\_\_

Any additional scholarships or discounts being received by applicant: \_\_\_\_\_

\_\_\_\_\_

## Authorization Information

- I release to the Life Experiences Board, the right to access all my current and ongoing personal records in possession of Life Experiences Inc., I understand that I must meet the scholarship criteria for Life Experiences, Inc.
- I certify that information provided is a true and accurate reflection of my financial condition. I further certify that I will notify Life Experiences if my financial situation improves, and the hardship terminates.
- I authorize the Life Experiences Scholarship committee to contact the director of the Program regarding the applicant. (Life Experiences Inc will not share financial information.)

I have included my:  Statement of Need and  Financial documentation

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_