



Allison M. Haake Memorial Scholarship

APPLICATION FORM

Applications are due Friday, Jan. 12, 2018

Established in 2008, the Allison M. Haake Memorial Scholarship is awarded to a deserving SSD student who has an interest in working with children. The scholarship was established in memory of Allison Marie Haake, a former SSD teacher assistant. Allison was an inspirational teacher who, at an early age, knew she wanted to make a career of working with children. The recipient of the scholarship will be honored at the annual Commitment to Kids Banquet on April 12, 2018.

Please complete the entire form and return it to the Communications Department by e-mail to wbuchek@ssdmo.org; by mail (12110 Clayton Road, Town & Country, MO 63131); or by fax (314.989.8470). Contact Wes Buchek at 314.989.8102 with questions.

Scholarship Guidelines

- ◆ Students must receive at least one special education service from SSD and/or attend an SSD technical high school.
- ◆ The essay portion (Part III) of the application must be completed by the student.
- ◆ Students must be seniors during the 2017-2018 school year.
- ◆ Applicants must have experience working with children (i.e. summer camp counselor).
- ◆ Applicants may include one letter of recommendation up to two pages in length.
 - Please check box if a letter of recommendation will be sent separately.

PART I - APPLICANT INFORMATION

Name: _____ Birthdate: _____

Home Address: _____

City: _____ State: _____ Zip: _____

E-mail: _____

Service(s) Applicant Receives from SSD: _____

Applicant Signature: _____ Date: _____

For electronic submissions, in lieu of a signature, by cecking box you verify all above information is accurate.

Parent/Guardian Name: _____

Parent/Guardian Signature (if applicant is a minor): _____ Date: _____

For electronic submissions, in lieu of a signature, by cecking box you verify all above information is accurate.

Parent/Guardian Address (if different from applicant): _____

City: _____ State: _____ Zip: _____

Parent/Guardian Daytime Phone: _____ Parent/Guardian Evening Phone: _____

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PART II - SCHOOL INFORMATION

School: _____ District: _____

Teacher/Sponsor Name (optional): _____ Teacher/Sponsor E-mail: _____

Teacher/Sponsor Home Phone (optional): _____ Teacher/Sponsor Work Phone: _____

School Address: _____

Teacher/Sponsor Signature: _____

For electronic submissions, in lieu of a signature, by cecking box you verify all above information is accurate.

Name of College/Post-Secondary Institution you plan to attend: _____

City/State: _____

Estimate the annual amount of funds required to attend the chosen college or post-secondary institution:

\$

Please let us know where you found out about this scholarship: (check all that apply)

- SSD Facebook page
- SSD Twitter page
- SSD Website
- SSD teacher/staff told me about it
- Partner district teacher/staff told me about it
- Internet search
- Parent Advisory Council
- Special Edition newsletter
- Unfiltered e-newsletter
- Other _____

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PART III - APPLICANT ESSAY (Maximum Length — three pages total)

*Essay portions may be submitted separately as a Word document.

I. Provide background information on achievements in academics, arts, athletics and/or community service.

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PART III - APPLICANT ESSAY (continued)

*Essay portions may be submitted separately as a Word document.

2. Describe the expected benefits from attending the college or post-secondary institution listed.

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PART III - APPLICANT ESSAY (continued)

*Essay portions may be submitted separately as a Word document.

3. *Provide information on volunteer or work experience directly involving children.*

**SPECIAL SCHOOL DISTRICT OF ST. LOUIS COUNTY
PERMISSION FORM – TO PHOTOGRAPH AND/OR RECORD**

GENERAL INFORMATION

Occasionally media may come to SSD classrooms and buildings to report on newsworthy programs and events involving our staff and students. In addition, SSD’s Communications Department may photograph and/or videotape other students and share these stories with SSD staff and families through the District’s newsletter, Web site or other publications, including social media. The information may include images and identifying information of students, educators and community partners on its Web site, and in its print and electronic publications. Parent/guardian permission is needed for SSD to use images of students under the age of 18; individual permission is needed for those students 18 years of age and older.

As parent and/or legal guardian of _____, I hereby grant permission to the SSD and news media to photograph, tape record or videotape my child or myself and to use this photograph, voice or video recording in publications, slides, video tapes, motion pictures, newsletters, newspapers, education Web sites, news Web sites and social media. I understand that the resulting photographs, stills, slides, videotapes, motion pictures and audio tapes may be published for the purpose of instruction or informing staff, students, parents or the general public about District / school programs or events. Reasonable adjustments may be made to images, materials and formats for purposes of editorial, layout and delivery.

YES NO

As parent and/or legal guardian of _____, I hereby grant permission to the SSD and news media to use my child’s name and biographical information in stories involving District / school programs or events. I understand that this information may be used in publications, television or radio broadcasts, newsletters, newspapers, education Web sites, news web sites and social media for the purpose of instruction or informing staff, students, parents or the general public about District / school programs or events.

YES NO

As parent and/or legal guardian of _____, I hereby grant permission for my child to be photographed by _____ on _____ while my child is attending/participating in _____.

YES NO

SCHOOL OR ORGANIZATION INFORMATION

School or Organization: _____
School District (If Applicable): _____
Teacher’s Name (If Applicable): _____

PARENT/INDIVIDUAL SIGNATURE

Student’s name (please print): _____
Student’s date of birth: _____

Parent/guardian signature: _____ Date: _____
Address: _____
Phone number: _____