



1. **Full Name:**_____

2. **If you are a Self-Advocate/Person with a developmental disability, please include name and contact info. Of support person who might assist you in this application process:**

3. **Preferred Pronouns :**

4. **Address:**_____

5. **City, State, Zip Code:**_____

6. **Phone Number:**_____

7. **E-Mail:**_____

8. **Services Received:**

I receive the following services from AHRC Nassau:

☐ Day Habilitation Services

☐ Employment Services

☐ Residential Services

☐ Respite Services

☐ Community Habilitation

☐ Family Supports

9. **Tell us about you:**

Please share some information about yourself. What are your interests? What activities do you like to do?

10. **Community Impact:**

How will this activity help you connect with your community? Will it help you try a new social role or build something you already do?_____

Continued on next page

11. Is this activity integrated, where people with and without disabilities can enjoy it together?

☐ Yes

☐ No

** While this criteria will not prevent you from receiving the scholarship award, we strongly encourage applications to:*

- Community Classes where people with and without disabilities would take classes together
- Memberships (YMCA, Art Center, Gym, Book Club etc.)
- Library Classes
- Entrepreneurial/Small Business Classes
- Continuing Education
- Other

The purpose of this scholarship is to create opportunities for people with and without developmental disabilities to connect, share experiences, and participate together in inclusive community activities.