



Pervasive Parenting Scholarship



Pervasive Parenting Center offers scholarship money to eastern Oklahoma students with disabilities. Applications may be accepted beginning November 1 and **postmarked no later than March 1 of the award year**. Scholarships can be applied at any Oklahoma technology center, or any two-year or four-year college or university. Three scholarships in the amount of \$200.00 will be awarded annually.

Completed application packets may be sent to the following address:

Pervasive Parenting Center
c/o Kodey Toney
PO Box 574
Panama, OK 74951

Any questions can be directed to Kodey Toney: (918) 658-5076 or ktoney@pervasiveparentingcenter.org.

Applicants must meet the following eligibility requirements

- High school senior or a current post-secondary student with plans to pursue an education at an Oklahoma technology center or two-year or four year college/university*.
- Provide documentation regarding disability (such as a letter from a physician or anything else you feel necessary to assist the scholarship coordinator in making a decision concerning your eligibility to be considered a person with a disability).
- Enrolled in at least 6 hours of coursework.
- Minimum 2.0 cumulative GPA on a 4.0 scale or homeschool equivalent.

Submit the following to the Scholarship Coordinator on or before the deadline, March 1:

- Completed application
- Documentation of disability
- One letter of recommendation
- Copy of college or high school transcript or homeschool equivalent.
- A formal acceptance letter or formal document verifying proof of future enrollment if available at the time of scholarship application. Proof of acceptance or future enrollment will be required for scholarship finalists. Notification will be sent to finalists who have not provided a letter or enrollment verification.

Scholarship Application: (Please Type or Print in Black Ink)

Name: _____

Address: _____

City/State/Zip: _____

Home Phone: () _____ Cell Phone: () _____

Email Address: _____

Academic Major: _____

Check all that apply:

____ I am a graduating senior in high school.
List the Name of your High School below:

____ I am currently or plan to attend an Oklahoma technology center:
Name of Institution _____

____ I am currently or plan to attend a two-year college.
Name of Institution _____

____ I am currently or plan to attend a four year university at the following Institution:
Name of Institution _____

____ I am transferring to another institution.
Name of Institution transferring to _____

**Essay: In the space provided, respond to the following:
(Do not staple or glue anything to this page.)**

1. Describe the impact of your disability on your educational goals and how you plan to achieve success in your professional/career goals?
