Peak Community Services
FOUNDATION

APPLICATION FOR BOOK SCHOLARSHIP

Name:_____ Age:_____ Date of Birth:_____

Address: _____

City, State, Zip:_____ Telephone:_____

Father:_____ Occupation:_____

Mother:_____ Occupation:_____

Number and Ages of Brothers and Sisters:_____

High School Attending:_____ Month/Year of Graduation:_____

College You Plan to Attend:_____ Major/Minor Planned:_____

Record Of Participation In School Activities (High School Only) And Work Experiences:

Organization / Activity	Years	Office or Honors

Send all information postmarked no later than April 15:

Peak Community Services, Inc.
1416 Woodlawn Avenue, Logansport, IN 46947
Att: Kathi Thompson
(574) 753-4104 ext 128 Fax (574) 753-9861
peak@peakcommunity.com www.peakcommunity.com

Peak Community Services
FOUNDATION

Record of Awards Received in School or Community:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Please attach the following to the application:

☐ A three-paragraph letter describing:

1. Your experience, if any, around people with disabilities;
2. Your career goals and how you will be working around people with disabilities; and
3. Any other facts or accomplishments in school or in the community which you think will help us to know you better.

☐ A letter of recommendation from a teacher that knows your work.

☐ A letter of recommendation that includes your class ranking and grade point average from a guidance counselor.

Signature:_____ Date:_____

Send all information postmarked no later than April 15:

Peak Community Services, Inc.
1416 Woodlawn Avenue, Logansport, IN 46947
Att: Kathi Thompson
(574) 753-4104 ext 128 Fax (574) 753-9861
peak@peakcommunity.com www.peakcommunity.com