**ACENA Scholarship Information**

**Purpose:** To support students who are enrolled in the Physical and Other Health Impairment (POHI) program at Aquinas College and intend to become Conductive Education Teachers.

**Eligibility:** Applicants must be enrolled or plan to enroll full-time in the POHI program at Aquinas College. Previous applicants and recipients may reapply each year. Two letters of recommendation and a 750 word essay are required. Selection is equally based on character; desire to work with people who have neuro-motor impairments, leadership, and academic ability. Proof of academic progress is required before funds are disbursed.

**Amount:** From $250 to $1,000

**Number of Awards:** From 1 to 4

**Application Deadline:** August 1

**How to apply:** Please fill out application form below.

**Payment**: Awards will be disbursed to the recipient in two payments. The first payment will disbursed upon ACENA’s receipt of a copy of the recipient’s fall semester grade report from Aquinas College. The second payment will disbursed upon ACENA’s receipt of a copy of the recipient’s spring semester grade report from Aquinas College.

**Scholarship Application Form**

For Students Enrolled in an ACENA Recognized Conductor Training Program

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address:**

Street: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State: \_\_\_\_\_

Zip Code: \_\_\_\_\_\_\_\_ Country \_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Training Program Name:**

⬜ Aquinas College

⬜ National Institute for Conductive Education, Birmingham

**Amount Requested:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Purpose of Funds:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Signature of Applicant Date of Submission**

Please contact Patti Herbst, pherbst@cfice.org, with any questions.

*For office use only:*

Date Received: \_\_\_\_\_\_\_\_\_\_ SCET ProgramVerification: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Amount Given: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_