

**Chandler Mayor's Committee for  
People with Disabilities**

**SCHOLARSHIP**

**AND**

**STIPEND**

**PROGRAM**



City of Chandler Community Services Department  
Mayor's Committee for People with Disabilities  
Mail Stop 501, P.O. Box 4008  
Chandler, AZ 85244-4008

For further information, please call Joan Barron at  
(480) 963-7182

## Scholarship and Stipend Program

The purpose of the Scholarship and Stipend Program is to provide financial assistance to qualified Chandler residents. This one-time award is meant to assist individuals in improving the quality of their life.

The Chandler Mayor's Committee for People with Disabilities will review applications and applicants must meet the criteria listed below. A written response as to approval or disapproval will be sent to all applicants within 45 days after receiving the application.

### Criteria:

- Applicant must be a Chandler resident with specials needs
- Applicant must submit two letters of recommendation with a completed Scholarship and Stipend Program Application
- Applicant must provide a letter from a vocational rehabilitation office or a physician treating the applicant for their disability confirming the fact that they have a disability.

Funding for this program is made possible through the many efforts of the Chandler Mayor's Committee for People with Disabilities.

## Chandler Mayor's Committee for People with Disabilities Scholarship and Stipend Program Application

Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: M F

How long have you been a Chandler resident? \_\_\_\_\_

Assistance needed: \_\_\_\_\_ Date needed: \_\_\_\_\_

Amount: \_\_\_\_\_ Expected Outcome: \_\_\_\_\_

Career objectives/educational goals:

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Chandler Mayor's Committee for People with Disabilities provides scholarships to qualified participants with disabilities, defined by the Americans with Disabilities Act. Do you have a disability as defined by the Americans with Disabilities Act? Yes\_\_\_ No\_\_\_

Living situation: Live alone.....Yes No

Live with family.....Yes No

If you require assistance with this application,  
please call Joan Baron at (480) 963-7182.

### Please detach and mail to:

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