



*Allison M. Haake*

*Memorial Scholarship*

**APPLICATION FORM - DUE FRIDAY, JANUARY 11, 2019**

Established in 2008, the Allison M. Haake Memorial Scholarship is awarded to a deserving SSD student who has an interest in working with children. The scholarship was established in memory of Allison Marie Haake, a former SSD teacher assistant. Allison was an inspirational teacher who, at an early age, knew she wanted to make a career of working with children. The recipient of the scholarship will be honored at the **Commitment to Kids Banquet on April 4, 2019.**

## Scholarship Guidelines

- ◆ Students must receive at least one special education service from SSD and/or attend an SSD technical high school.
  - ◆ The essay portion (Part III) of the application must be completed by the student.
  - ◆ Students must be seniors during the 2018-2019 school year.
  - ◆ Applicants must have experience working with children (i.e. summer camp counselor).
  - ◆ Applicants may include one letter of recommendation up to two pages in length.
- Please check box if a letter of recommendation will be sent separately.

**Complete application and return it to the Communications Department via one of the following ways:**

**E-mail to:** Wes Buchek at [wbuchek@ssdmo.org](mailto:wbuchek@ssdmo.org)

**By mail to:** SSD Communications; Attn: Wes Buchek; 12110 Clayton Road, Town & Country, MO 63131

**By fax:** 314.989.8470

Contact Wes Buchek at [wbuchek@ssdmo.org](mailto:wbuchek@ssdmo.org) or 314.989.8102 with questions.

## PART I - APPLICANT INFORMATION

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

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

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

Current E-mail: (required) \_\_\_\_\_

Service(s) Applicant Receives from SSD: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For electronic submissions, in lieu of a signature, by cecking box you verify all above information is accurate.

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature (if applicant is a minor): \_\_\_\_\_ Date: \_\_\_\_\_

For electronic submissions, in lieu of a signature, by cecking box you verify all above information is accurate.

Parent/Guardian Address (if different from applicant): \_\_\_\_\_

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

Parent/Guardian Daytime Phone: \_\_\_\_\_ Parent/Guardian Evening Phone: \_\_\_\_\_



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## PART II - SCHOOL INFORMATION

School: \_\_\_\_\_ District: \_\_\_\_\_

Teacher/Sponsor Name (optional): \_\_\_\_\_ Teacher/Sponsor E-mail: \_\_\_\_\_

Teacher/Sponsor Home Phone (optional): \_\_\_\_\_ Teacher/Sponsor Work Phone: \_\_\_\_\_

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

Teacher/Sponsor Signature: \_\_\_\_\_

For electronic submissions, in lieu of a signature, by cecking box you verify all above information is accurate.

Name of College/Post-Secondary Institution you plan to attend: \_\_\_\_\_

City/State: \_\_\_\_\_

Estimate the annual amount of funds required to attend the chosen college or post-secondary institution:

\$

### How did you hear about this scholarship?

- SSD website ([www.ssdmo.org](http://www.ssdmo.org))
- SSD's Facebook page ([www.facebook.com/SSDStLCo](http://www.facebook.com/SSDStLCo))
- SSD's Twitter account (@SSDStLCo)
- Special Edition (District newsletter)
- SSD Unfiltered (District e-newsletter)
- From an SSD employee
- Word of mouth
- Other (please specify): \_\_\_\_\_

2018-2019



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**PART III - APPLICANT ESSAY** (Maximum Length — three pages total)

\*Essay portions may be submitted separately as a Word document.

*I. Provide background information on achievements in academics, arts, athletics and/or community service.*

2018-2019



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**PART III - APPLICANT ESSAY** (continued)

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2. *Describe the expected benefits from attending the college or post-secondary institution listed.*



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**PART III - APPLICANT ESSAY** (continued)

\*Essay portions may be submitted separately as a Word document.

3. *Provide information on volunteer or work experience directly involving children.*

**PART IV - PHOTO**

*The SSD Communications Department will be highlighting the scholarship winners on the District's website and social media platforms. If you are selected as a winner, please be prepared to share a photo for the District to use for this purpose.*

**SPECIAL SCHOOL DISTRICT OF ST. LOUIS COUNTY  
PERMISSION FORM – TO PHOTOGRAPH AND/OR RECORD**

**GENERAL INFORMATION**

Occasionally media may come to SSD classrooms and buildings to report on newsworthy programs and events involving our staff and students. In addition, SSD’s Communications Department may photograph and/or videotape other students and share these stories with SSD staff and families through the District’s newsletter, Web site or other publications, including social media. The information may include images and identifying information of students, educators and community partners on its Web site, and in its print and electronic publications. Parent/guardian permission is needed for SSD to use images of students under the age of 18; individual permission is needed for those students 18 years of age and older.

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As parent and/or legal guardian of \_\_\_\_\_, I hereby grant permission to the SSD and news media to photograph, tape record or videotape my child or myself and to use this photograph, voice or video recording in publications, slides, video tapes, motion pictures, newsletters, newspapers, education Web sites, news Web sites and social media. I understand that the resulting photographs, stills, slides, videotapes, motion pictures and audio tapes may be published for the purpose of instruction or informing staff, students, parents or the general public about District / school programs or events. Reasonable adjustments may be made to images, materials and formats for purposes of editorial, layout and delivery.

YES  NO

As parent and/or legal guardian of \_\_\_\_\_, I hereby grant permission to the SSD and news media to use my child’s name and biographical information in stories involving District / school programs or events. I understand that this information may be used in publications, television or radio broadcasts, newsletters, newspapers, education Web sites, news web sites and social media for the purpose of instruction or informing staff, students, parents or the general public about District / school programs or events.

YES  NO

As parent and/or legal guardian of \_\_\_\_\_, I hereby grant permission for my child to be photographed by \_\_\_\_\_ Special School District \_\_\_\_\_ on \_\_\_\_\_ 4/4/19 \_\_\_\_\_ while my child is attending/participating in \_\_\_\_\_ Commitment to Kids Banquet \_\_\_\_\_.

YES  NO

**SCHOOL OR ORGANIZATION INFORMATION**

School or Organization: \_\_\_\_\_  
School District (If Applicable): \_\_\_\_\_  
Teacher’s Name (If Applicable): \_\_\_\_\_

**PARENT/INDIVIDUAL SIGNATURE**

Student’s name (please print): \_\_\_\_\_  
Student’s date of birth: \_\_\_\_\_

Parent/guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone number: \_\_\_\_\_