Appendix M: Personal Care Assistant Scholarship

Scholarship for *DO-IT Scholar* Personal Care Assistant Salary

Families for whom the cost of a personal care assistant salary would impede a *Scholar* from attending the Summer Study program may apply for a scholarship of up to $350 per week. *DO-IT Scholars* and their parents/guardians are responsible for hiring adult (over the age of eighteen years) personal care assistants and paying their salaries. DO-IT pays for room and board for personal care assistants who work for *Scholars* during the Summer Study program. Parents of *Scholars* are not eligible to be paid as personal care assistants through this scholarship. A parent/guardian or adult *Scholar* must complete and return the form below to apply for need-based scholarship for the salary of a personal care assistant.

Sheryl Burgstahler
Director, DO-IT (Disabilities, Opportunities, Internetworking, Technology)
Box 355670, University of Washington
Seattle, Washington 98195-5670

DO-IT Application
Scholarship for Personal Care Assistant

Name of *DO-IT Scholar*:_____ Telephone: _____

Name, Social Security Number, and Resident Status of person responsible for covering cost of personal care assistance (parent/guardian or adult *Scholar* who will use the funds to pay the salary of the personal care assistant)—The check will be made payable to this person:

Name:_____ Social Security Number: _____
Resident Status (choose one): U.S. Citizen/Nonresident Alien/Resident Alien

I request that $_____ total (up to $350/week) be provided for the salary of a personal care assistant during the DO-IT Summer Study program. I have not accepted and do not plan to accept other funding for this portion of personal care assistant costs, and I will notify DO-IT immediately if other funding becomes available.

I intend to pay _____(name of personal care assistant) for personal care assistance during the DO-IT Summer Study program. I understand that the check will be mailed to me after the conclusion of the Summer Study program and it is my responsibility to use these funds exclusively to pay the salary of the assistant for the *Scholar* named above.

Signature of *DO-IT Scholar*:_____ Date:_____

Signature of Parent/Guardian, if the *DO-IT Scholar* is under the age of eighteen:

_____ Date_____