

The Shawn J McDuff Memorial Scholarship

2024 Scholarship Application

(Sponsored by the Shawn J McDuff Scholarship Fund)

A. General Information/Eligibility:

1. The *Shawn J McDuff Scholarship* is designed to aid students accepted to, an accredited institution of higher education. **Applicants with a demonstrated disability can apply for this award.**
2. Eligible applicants must possess the qualities and traits that Shawn personified. Preference will be given to a student with a demonstrated disability who achieves their academic goals, strives to live independently despite their disability with the intention to pursue a bachelor's degree.
3. (1) scholarship of \$1,000 and (1) scholarship of (\$500), will be awarded by the Scholarship Selection Committee, upon review of each completed application.
4. The recommendation of the Scholarship Selection Committee shall be made no later than April 9, 2022. Scholarship recipients are disqualified from further application after having once received an Award.
5. The Scholarship Selection Committee reserves the right not to award a scholarship(s), if in their opinion, there is no qualified candidate.
6. Members of the Scholarship Selection Committee shall not be the parent, brother, sister, Aunt, or Uncle, of an eligible applicant.
7. The scholarship honoree- Shawn J McDuff passed away at the age of 49 on December 31, 2017. He was afflicted with Duchenne Muscular Dystrophy and outlived all the expectations that were given to him by his medical team. He was the consummate and most loyal New England sports fan that lived. He served as the Muscular Dystrophy State Poster Child for two years which enabled him to teach people about his disease and that he was a typical child that wanted to play and learn as others do.

Shawn was the one of the first disabled students to attend public school versus homeschooling. He received his Bachelor's degree of Social Work from Salem State University and worked his entire career at the Independent Living Center of the North Shore and Cape Ann. He was the Deputy Director of the Center. He was an advocate for all his clients and helped them with services, support and compassion so that they too could live independently. He had the use of only one finger and had a breathing machine on his chair to assist him yet he went to work every day to help others. He gave of himself for others at the job he loved for 27 years.

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B. Application Process:

1. All applications must be filled out completely and returned to the Scholarship Selection Committee **no later than April 16th, 2024**. Please address all applications to:

The SJM Scholarship Committee
c/o Shelli Mahan
39 Adams Avenue
North Andover, MA 01845

2. ***TWO*** (2) letters of recommendation are **required** to be submitted. One letter is to be from an educator, one that has either had the applicant in the classroom, or one that can accurately speak to the applicant's academic or personal record. The second letter can come from either an employer, or a leader of a community group or organization. Letters from relatives (Aunts, Uncles, brothers, sisters, etc.) are not to be submitted.
4. The Scholarship Selection Committee reserves the right to deem unacceptable any application that is not fully completed or does not meet the criteria, or where a transcript and two letters of recommendation have not been supplied by the applicant.
5. The *Shawn J McDuff Scholarship* Selection Committee's majority vote will be final.

Thank you for your participation.

Mrs. Shelli Mahan, Chairperson
The SJM Scholarship Selection Committee
c/o 39 Adams Avenue
North Andover, MA

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Applicant Information:

Name: _____ Date of Birth: _____

Address: _____ Telephone: _____

City: _____ Zip Code: _____

High School Attended: _____

Year of Graduation: _____

Applicant's
Signature: _____ Date: _____

All information will be kept confidential.

The Shawn J. McDuff Scholarship

2024 Scholarship Application

A. Applicant Information: Year of Graduation

1. High School attended: _____

2. Junior High School attended: _____

3. Elementary School attended: _____

4. Universities/Colleges/Schools applied to:

<u>Name of University/College/School</u>	<u>School's Location</u>	<u>Accepted (Yes/No)</u>	<u>Attending (Yes/No)</u>
a. _____	_____	_____	_____
b. _____	_____	_____	_____
c. _____	_____	_____	_____
d. _____	_____	_____	_____

5. Projected College Major: _____

All information will be kept confidential.

The Shawn J. McDuff Scholarship

2024 Scholarship Application

A. Applicant Information (continued):

6. High School Activities

(Please use the backside of this page if additional space is required.)

7. High School Honors, Prizes, Awards, etc.

(Please use the backside of this page if additional space is required.)

8. Membership/participation in non-School and/or Community Organization(s).

All information will be kept confidential.

The Shawn J. McDuff Scholarship

2024 Scholarship Application

A. Applicant Information (continued):

9. Work experience.

(Please use the backside of this page if additional space is required.)

10. Special skills, hobbies, interests, etc.

(Please use the backside of this page if additional space is required.)

11. Career plans.

(Please use the backside of this page if additional space is required.)

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B. Applicant's Essay (required):

We would like to become as familiar with each applicant as we possibly can. In many situations, hearing or reading one's own words can tell considerably more about a person, their values, their integrity, and their character. Application forms do not always provide all the information. On separate page (one-side), we ask that you briefly share with us, your goals, future plans and how this scholarship will help you overcome a disability achieve them. Feel free to also include any other information that you think is appropriate for us to consider. Please take this opportunity to tell us about yourself.

All information will be kept confidential.