

The Dubin Center Scholarship Program

I. SELECTION CRITERIA

A. PRIORITY

The scholarship shall be available to students who are high school seniors, college students or graduates of Charlotte, Collier, Hendry, Glades or Lee County school districts and who wish to further their educational pursuits. The scholarship is a one-time gift of \$1000.00 to a student who has had either a family member or volunteered with someone who has (or had) Alzheimer's disease or a related dementia.

B. QUALIFICATIONS

1. Applications will be judged and ranked on a point system based on the information provided on the application form.
2. Students shall write a 500-word essay describing their experience or encounter with someone with dementia.
3. Student shall have a minimum GPA of 3.0
4. Applications will be prioritized by a panel of judges that consists of Board & Advisory Council members of the Dubin Center.

II. DIRECTIONS FOR APPLICATION

A. Each application must be typed with pages stapled in the upper left corner. Each application must include information in the following order:

1. *A completed application form (minus this one page of instruction).*
2. *A 500-word essay on your experience with dementia (separate page – no smaller than size 12 font)*
3. *Signed photo release and current photo of applicant*
4. *Supplemental video about their experience with dementia. (Tik Tok, Insta, YouTube, etc.) Maximum of 3 minutes.*

III. C. Applicant must get two letters of recommendation (no longer than one page). Letters of recommendation must be scanned and emailed directly to: info@dubincenter.com with the subject of the email being the word “scholarship” followed by the last name and first initial of the student applicant by the person writing the recommendation. One recommendation must be non-school related such as an employer, minister, or neighbor. **One must be from a teacher, principal or advisor.** None may be from a family member. (Recommendation forms are included with the application.)

D. Completed applications must be emailed to: info@dubincenter.com with the subject of the email being the word “scholarship” followed by the last name and first initial of the student applicant no later than 03/31/2023

Dubin Center Scholarship Program
APPLICATION FORM

Student's Full Name: _____

Student's Address: _____

Student's Email: _____

Phone Number: Home - _____ Cell - _____

I. Academics (include a copy of high school transcript)
GPA: Class Rank _____ out of _____ students

II. Volunteer Experience (helping the elderly, church activity, community clean-up, yard work, volunteering to assist with city projects, etc., please be specific, include dates and agency name, if possible)

III. Honors and Awards Received in High School or College

IV. Leadership (offices held in class or school organizations)

V. Participation in Extra-Curricular Activities

VI. Out of School Activities and Leadership Positions Held (i.e., hobbies, Scouts, Church, etc.)

VII. Employment Experience (beginning with most recent)

VIII. College you Plan to Attend/are Attending:

Course of study:

Career Goal:

IX. Personal Statement of Future Goals

(Use this page only – font size no smaller than 12 point)

X. Last names, Telephone numbers, Addresses, and Relationships of two people whom you have asked to write recommendation letters. Those writing recommendations may not be family members and only one may be school related. (Letters must be emailed by the person writing the letter directly to the Dubin Center).

1. Name: Relationship:
Telephone Number:
Address:

2. Name: Relationship:
Telephone Number:
Address:

XI. Explanation of Special Circumstances

Use this space for concerns or special considerations about any part of this form.

SIGNATURE OF STUDENT

DATE

PRINT/TYPER NAME OF STUDENT

SIGNATURE OF PARENT/LEGAL GUARDIAN

DATE

PRINT/TYPER NAME OF PARENT/LEGAL GUARDIAN

Essay on your Experience with Dementia

Please write a 500-word essay about a positive or meaningful experience that you had with an individual with dementia. Discuss how this experience has impacted your life. Essay must be typewritten, double-spaced, with one-inch margins, and no smaller than 12-point font. Please attach essay as a separate document directly after this page of the application.

Photo Request and Release

Please enclose a current photograph of the applicant and the attached release signed by the applicant and their parent(s)/guardian.

A senior year photograph by a professional photographer is preferred. If such a photograph is not available, a head-and-shoulder photograph of the applicant is acceptable.

Photographs of the applicant with the family member or friend who the applicant wrote about in their narrative may also be used. Please include any photographs of that nature along with the applicant's photograph.

The photograph must be emailed to: info@dubincenter.com with the rest of the completed application.

Photographs of the scholarship recipient will be used for press releases, the center's newsletter, and the annual report to announce the awarded scholarship. The attached release also gives permission for The Dubin Center to use the scholarship winner's name and photograph for other purposes to raise awareness about the scholarship program.

The Dubin Center - Photo/Video Image Consent

The Dubin Center serves individuals and families throughout Southwest Florida. To illustrate the valuable work, we do with people with memory impairment and their caregivers, we like to use photographs and videos of people who participate in our programs.

We are requesting your permission to use your photograph or image on public relations materials such as brochures, newsletters, website, videos, or other materials.

By signing this document, I _____

(Scholarship applicant)

and/or _____ agree to allow

(Guardian – POA – Responsible party)

The Dubin Center to use my photograph, image, and/or biographical information to help promote awareness through publicity efforts for The Dubin Center's programs.

I also hereby authorize and consent that The Dubin Center, shall have the absolute right to copyright, publish, use, sell or assign any and all artwork, photographic portraits or pictures, television spots, movie films, videotapes and/or sound recordings, or any part thereof, they have taken or made of me on this date or in which I may be included, name or other biographical data, in whole or part, whether apart from or in connection with, illustrative or written printed matter, story or news item, motion pictures, internet usage, television or radio spots, or for publicity, advertising or any other lawful purpose whatsoever, in conjunction with my own or a fictitious name, or my real or fictitious biographical data, or in reproduction thereof in color or otherwise in any media now known or hereby created.

Please initial the following items per your desires (leave blank if ok to use info):

_____ Do not use the name of the individual with memory impairment

_____ Do not use the name of the family member(s) or caregiver(s)

(Please print and sign next to printed name)

Date

(Please print memory-impaired person's name and sign-if applicable) Date

(Please print and sign name of scholarship applicant's parent/guardian) Date

The Dubin Center Scholarship

LETTER OF RECOMMENDATION

Please scan and email letter of recommendation to info@dubincenter.com with the subject line being the word “scholarship” followed by last name and the first initial of the student applicant by 03/31/2023.

Applicant’s (student) name:

Your name:

Address:

Telephone number:

Relationship to Applicant:

Length of Time you Have Known Applicant:

Please explain why you believe this student should be considered for a scholarship from our organization. If possible, please give us your impression of this student’s interaction with a family member or friend who has Alzheimer’s disease or other dementia and how the experience has impacted the applicant’s life.

Signature: _____

Date: _____

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Signature: _____

Date: _____

Supplemental Video Guidelines

Create a video that highlights your experience of caring for, helping, volunteering with, etc. a person with dementia and/or your knowledge about the disease. Utilize YouTube, Tik Tok, or another video app/website.

1. Videos must be emailed to info@dubincenter.com no later than 03/31/2023 with the rest of the completed application with the subject line being the word “scholarship” followed by the last name and first initial of the student applicant.
2. Videos must be no longer than three minutes
3. Video entries must not be derogatory, offensive, threatening, defamatory, disparaging and libelous or contain any content that is inappropriate, indecent, profane, impolite, slanderous or discriminatory in any way.
4. It must not contain content, material or any element that displays any third-party advertising, slogan, logo, trademark or otherwise indicates a sponsorship or endorsement by a third party.
5. It must be an original, unpublished work that does not contain, incorporate, or otherwise use any content, music, material, or element that is owned by a third party or entity. Failing to provide proper documentation or permission to use such materials will result in the entry being disqualified.
6. The video must display the applicant’s experience with dementia and/or their knowledge about the disease.