

TBS Scholarship Application

2023-2024

Guidelines

- 1. The student must be on or have been on an IEP during their Secondary education.
- 2. The student must be graduating in the school year of the award (December or May).
- 3. The student must be attending a school district which contracts with Timberline Billing Service, LLC for their Medicaid claiming as of January 1st in the school year of the application. The student should confirm with their district administrator that their district contracts with Timberline Billing Service LLC.
- 4. The student must have applied to an educational institution for the following school year. This could be a four year private/public school, community college, trade school, or other formal educational program beyond high school. If there is a question on the qualification of the program the student plans on entering, please contact Dann Stevens at dann.stevens@timberlinebilling.com or (515) 222-0827 Ext 110.
- 5. The student does NOT have to be enrolled with Medicaid to qualify for this scholarship.
- 6. This is not a financial needs-based scholarship. Any student who is currently on, or has been on, an IEP during their secondary education and wishes to continue their education/training past high school is eligible to apply. The scholarship may be used for tuition, room/board, transportation, books, or any accommodation necessary for the student to be successful in their learning environment.
- 7. Students must submit an essay of no more than 500 words or video or audio presentations of less than 5 minutes that includes:
 - How has your disability affected your school experience (academically, extra-curricular, social, leadership)?
 - How has your disability affected your involvement in the community (work, volunteering, community service, leadership)?
 - What accommodations or supports did you use in school and how did these help you succeed?
 - What are your postsecondary goals and how will higher education benefit you?
- 8. Application packets will be received until January 15th (or the next business day) of the current school year. Application packets will then be judged by a review panel of non-Timberline Billing staff for selection of the five recipients (\$2,000 per award). Please refer to the checklist at the end of the application for the requirements.
- 9. Scholarship recipients will be notified of the award during a presentation arranged at their graduating school.

TBS Scholarship Application

Before completing this application, please read the eligibility requirements in the "Guidelines" (see above) to determine if you are qualified to receive one of our five annual scholarships (\$2,000 per award).

Your completed application and all supporting documents must be received by 4:00 pm on January 16, 2024 (or postmarked prior to January 16, 2024).

The contents of this application and its supporting documents will be kept confidential, and will not be used for any purpose other than the determination of the scholarship awards.

| Applicant Information: | | | |
|--|-----------------------------------|---------|--------|
| Name: Last | First | M | I.I |
| Address: | | | |
| City Zip | State | - | |
| Telephone: Daytime | Evening | | |
| High School: | | _ | |
| Date of Birth | | Male | Female |
| What post-secondary school/college | do you plan to attend after gradu | nation? | |
| What is your anticipated major or oth | ner educational emphasis? | | |
| How did you hear about our scholars | hip? | | |
| Other Extracurricular Activities (plea | ase indicate any honors or award | s): | |
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| Community Service or Work Experience: |
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| Do you have a current IEP plan or have you exited? Do <u>not</u> include a copy. |
| Current Exited |
| All information on this form and in the attached essay is true and complete to the best of my knowledge and I grant permission for the information contained herein to be shared with the scholarship review panel. If requested by the review panel, I agree to provide proof of the information I have provided on this application and the attachments. |
| If awarded a scholarship, I release, to Timberline Billing Service LLC, the right to use my name and application information during the award presentation without acknowledging the IEP requirement as a condition of the award. |
| Signature of Applicant: |
| |
| Date: |
| |
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APPLICATION DEADLINE—January 16, 2024

Application packet must include:

- Cover letter written by the student which identifies the student, their school district, summarizes their postsecondary goals and intent to apply for the scholarship
- Application forms
- ▲ An essay or presentation. The essay should be no more than 500 words and may be either written or recorded and transcribed for reading. The presentation should be less than 5 minutes, if video or audio.
- Three letters of recommendation (i.e. school or community)
- A copy of the student's high school transcript

SEND APPLICATION PACKET TO:

TIMBERLINE BILLING SERVICE LLC ATTN: TBS SCHOLARSHIP AWARD 1801 FULLER ROAD WEST DES MOINES, IA 50265

Or Fax To:

(515) 222-0834

District Verification

| | S Scholarship is scheduled to graduate in the 2023-2024 District. I also verify that this student is currently on or ducation. |
|-------------|--|
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| Position: | |
| Print Name: | |
| Signature: | |
| Date: | |