



# Los Angeles County Commission on Disabilities



## Ruben Anthony Rios Creative Arts & Design Memorial Scholarship Program

*For Individuals with Disabilities  
Pursuing An Education in the Field of Art/Design*

### WHO WAS RUBEN RIOS?

Commissioner Ruben Rios was a long-time member of Los Angeles County Commission on Disabilities and was appointed by the Honorable Don Knabe former Supervisor of the Fourth District. Ruben Rios was a devoted advocate for people with disabilities and a distinguished member and pioneer of Rancho Los Amigos National Rehabilitation Center's Art of Rancho program.

### WHO IS ELIGIBLE?

- ◆ Individuals with disabilities pursuing higher education;
- ◆ Individuals with a cumulative GPA of 2.0 or better; and
- ◆ Applicants must reside in the County of Los Angeles at time of filing.

### WHAT IS THE PURPOSE OF THIS SCHOLARSHIP GRANT?

- ◆ To provide supplemental financial assistance to community college, vocational/trade school, or four-year college students (traditional or non-traditional) who are pursuing a career in the field of art and/or design;
- ◆ To enlighten the public that individuals with disabilities can succeed in higher education and take advantage of expanded career opportunities;
- ◆ To educate the community about the artistic capabilities of individuals with disabilities.

## **WHAT IS THE CRITERIA?**

### **Applicants must:**

- ◆ Provide proof of enrollment in community college, vocational (trade) school or four-year college or provide an acceptance letter from the chosen institute
- ◆ Provide proof of 2.0 GPA or better (transcripts)
- ◆ Provide two written recommendation letters from counselors, teachers, employers, coaches or rehabilitation counselors
- ◆ Submit a thoroughly completed Scholarship Application
- ◆ Attend the Scholarship Presentation by the Board of Supervisors
- ◆ Attend the 2019 Scholarship Reception to share their experience as a scholarship winner
- ◆ Participate in a follow-up Scholarship survey

## **HOW THE MONEY IS DISBURSED?**

- ◆ Awards will be granted in each Supervisorial District of the County of Los Angeles;
- ◆ Awards will be disbursed in two parts – half upon submission of transcript grades from a community college, vocational (trade) school, or four-year college for the end of the first school semester or quarter;
- ◆ The second half will be disbursed upon the submission of transcript grades from the end of the second semester or quarter; transcripts must be submitted within 30 days following the end of each semester or quarter.

## **Part I – Applicant Information**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

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

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

Home Telephone: \_\_\_\_\_ Mobile Telephone: \_\_\_\_\_

Work Telephone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

\_\_\_\_\_ (Check here) I acknowledge that if awarded a scholarship, I will be required to provide a Social Security/ITIN Number (Copy of Social Security/ITIN Card)

Name of Parent/Guardian

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address: \_\_\_\_\_  
(If different from yours)

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

Home Telephone: \_\_\_\_\_ Mobile Telephone: \_\_\_\_\_

Work Telephone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Direct experience with disability: \_\_\_\_\_

Date your disability was diagnosed: \_\_\_\_\_

Functional limitations/characteristics of your disability: \_\_\_\_\_

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## **Part II- Education**

Name and address of high school or college you are currently attending:

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School contact person (counselor, principal, etc.) \_\_\_\_\_

Telephone: \_\_\_\_\_ Date of anticipated graduation: \_\_\_\_\_

Name of community college, vocational (trade) school, or four-year college you plan to attend. \_\_\_\_\_

Number of semester units you plan to take \_\_\_\_\_

### **School and Community Involvement**

Below, please briefly list your involvement with your school and community. This may include any offices you held, club memberships, after school activities or work experiences.

Name of Activity	Dates (from/to)	Grade level
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

## **Part III – Knowledge of Commission on Disabilities and the County**

**Please attach your written response on a separate sheet to the completed application.**

1. What can you tell us about the Los Angeles County Commission on Disabilities?
2. Which Supervisorial District do you reside in? Tell us something about your Supervisor.
3. The occupation of a Supervisor is a significant political position in the County of Los Angeles. Could you explain, in your own words, the importance of the position held by a County Supervisor?
4. What is the importance of receiving a higher education?

### **Part IV – Essay Questions**

Please attach your written response on a separate sheet to the completed application.

1. **Qualifications** – Explain why you feel you are a qualified candidate for the scholarship.
2. **Educational Goal** – Explain how education will help you achieve self-sufficiency and independence.
3. **Career Goal** – If you receive the scholarship, explain how you plan to use it to attain your career and professional goals.
4. **Experience as a Person with a Disability** – Describe how your disability will affect your goals or career plans.

### **Part V – Recommendations**

Please attach two letters of recommendation from counselors, teachers, coaches and/or employers.

### **Part VI – Artistic Sample**

On 8 ½ x 11 sheets of paper, please include two pictures of two artistic creations; these will represent your work to the judging panel. Be mindful of your selections (no digital files, video, or actual photos will be accepted); as this is your only chance for the judges to see your creative abilities.

The scholarship award winner will be chosen and notified on May 10, 2019. Details about the scholarship presentation will be given at that time.

### **PLEASE NOTE**

***Failure to present necessary documentation may result in the forfeit of scholarship award.***

Scholarship winners **must** attend the 2019 Scholarship reception and the Board of Supervisors Scholarship Presentation to be held on **June 18, 2019**, to share their experience as scholarship winners, and participate in a follow-up Scholarship survey.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_

*If applicant is under the age of 18*

Applications will **NOT** be considered unless thoroughly completed, submitted and received by **April 15, 2019**.

Los Angeles County Commission on Disabilities  
Scholarship Program  
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