SAS Scholarship Application Checklist of Required Materials

I have enclosed the following:

- 1. Completed Scholarship application form
- 2. Personal statement
- 3. Proof of Residency (for PB County Residents)
- 4. An unofficial transcript
- 5. Documentation of disability (if it is not on file at SAS)
- 6. <u>**Two</u>** letters of support addressing my academic success/potential and personal attributes</u>
- In addition, I have mailed a FAFSA form (available from Financial Aid Office) to the address indicated on the form.

The applicant must submit all of the preceding documents by May 15, 2016 or the scholarship application will <u>not</u> be processed. Incomplete applications will <u>not</u> be accepted.

FLORIDA ATLANTIC UNIVERSITY Student Accessibility Services SCHOLARSHIP INFORMATION

This application and all requested information and documents must be returned to Student Accessibility Services, no later than May 15, 2016. Incomplete applications will **not** be considered by the scholarship committee. Scholarship applicants will be notified of the committee's decision by the first week of August.

Available SAS Scholarships

Please check all that you wish to apply for:



Karen Aberson Memorial Scholarship (psychological disability) Damon Anthony Bettendorf Scholarship (student who is legally blind; 2.5 GPA)

*Sterling H. Huntington, M.D. and Laura Huntington Scholarship (PB County resident; physical disability)

* Also available for graduate students



Please print or type:

NAME:			DATE	:	
(Last)	(First)	(M.	l.)		
Z#		PHONE: (()		
ARE YOU A R	ESIDENT OF PAL	M BEACH COUN	ТҮ? 🦳 уе	s no	
CURRENT AD	DRESS:				
City)		(State)		(Zip Code)	
PERMANENT	ADDRESS (if differ	rent from above):			
(City)		(State)	(Zip Code)	
<u>CURRENT AC</u>	ADEMIC LEVEL: College:		Senior Sophomore Second Bac	helor's	
EXPECTED D	ATE OF (circle one) HIGH SCHOOL	OR COLLEGE	GRADUATION:	
CUMULATIVE	GPA:	_ EXI	EXPECTED DEGREE:		
MAJOR:		CO	_ COLLEGE:		
OTHER COLLI	EGE(S) ATTENDE	D:			
DISABILITY (c Hearing Im Physical Im				ability Visual Impairment Other Impairment	
Services?				Student Accessibility lity Services]	
Lauthorize the	rologo of this or	polication and or	w rolovant cupr	orting information to	

I authorize the release of this application and any relevant supporting information to persons involved in the selection of scholarship recipients.

ARE YOU A CLIENT OF

Division of Vocational Rehabilitation? Division of Blind Services? Any other rehabilitation services? (If so, please state name of agency) _

yes	no
yes	no
yes	no

You may answer the following questions in the space provided or attach a typed or handwritten essay that indicates the following information. The essay should be no longer than 2 double-spaced pages.

<u>STATEMENT OF FINANCIAL NEED</u> (Describe your financial situation, means of support, unusual circumstances and additional expenses you incur as a result of your disability):

LIST OTHER RESOURCES (scholarships, grants, loans, etc):

DESCRIBE HOW YOUR DISABILITY AFFECTS YOU IN YOUR DAILY LIFE AND IN YOUR ACADEMIC PURSUITS:

DESCRIBE SERVICE ACTIVITIES TO THE UNIVERSITY OR COMMUNITY:

PERSONAL STATEMENT (Describe your achievements, activities, and career goals):

DEADLINE FOR APPLICATION WITH SUPPORTING DOCUMENTS IS May 15, 2016