

# **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. **Two** letters of support addressing my academic success/potential and personal attributes
- 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 April 1, 2019 or the scholarship application will not be processed. Incomplete applications will not 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 April 1, 2019. 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:**

- 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



STUDENT  
ACCESSIBILITY SERVICES

Division of Student Affairs  
Florida Atlantic University

Please print or type:

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

(Last) (First) (M.I.)

Z# \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_

ARE YOU A RESIDENT OF PALM BEACH COUNTY? \_\_\_ yes \_\_\_ no

CURRENT ADDRESS: \_\_\_\_\_

\_\_\_\_\_  
(City) (State) (Zip Code)

PERMANENT ADDRESS (if different from above): \_\_\_\_\_

\_\_\_\_\_  
(City) (State) (Zip Code)

CURRENT ACADEMIC LEVEL: \_\_\_ High School Senior  
College: \_\_\_ Freshman \_\_\_ Sophomore \_\_\_ Junior  
\_\_\_ Senior \_\_\_ Second Bachelor's \_\_\_ Graduate

EXPECTED DATE OF HIGH SCHOOL OR COLLEGE GRADUATION: \_\_\_\_\_

CUMULATIVE GPA: \_\_\_\_\_ EXPECTED DEGREE: \_\_\_\_\_

MAJOR: \_\_\_\_\_ COLLEGE: \_\_\_\_\_

OTHER COLLEGE(S) ATTENDED: \_\_\_\_\_

DISABILITY (check all that apply): \_\_\_ Psychological/Emotional Disability  
\_\_\_ Hearing Impairment \_\_\_ Speech Impairment \_\_\_ Visual Impairment  
\_\_\_ Physical Impairment \_\_\_ Learning Disability \_\_\_ Other Impairment

Have you provided a copy of the documentation of your disability to Student Accessibility Services? \_\_\_ yes \_\_\_ no

[Documentation of the disability must be on file in Student Accessibility Services]

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

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

ARE YOU A CLIENT OF Division of Vocational Rehabilitation? \_\_\_yes \_\_\_ no  
Division of Blind Services? \_\_\_yes \_\_\_ no  
Any other rehabilitation services? \_\_\_ yes \_\_\_ no  
(If so, please state name of agency) \_\_\_\_\_  
\_\_\_\_\_

**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.**

STATEMENT OF FINANCIAL NEED (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  
April 1, 2019**