

# **SAS Scholarship Application**

## **Checklist of Required Materials**

I have enclosed the following:

- 1. Completed Scholarship application form
- 2. Personal statement
- 3. Proof of Palm Beach Residency (only for Huntington Scholarship Applicants)
- 4. An unofficial transcript
- 5. **Two** letters of recommendation (addressing my academic success/potential and personal attributes)
- 6. I have completed my FAFSA

**The applicant must submit all of the preceding documents by April 1, 2022 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, 2021. 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

**This application is used for both scholarships listed below.  
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



Please print or type:

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Last) (First) (M.I.)

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

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

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

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

CURRENT ACADEMIC LEVEL:

\_\_\_ 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: \_\_\_\_\_

**I authorize the release of this application and any relevant supporting information to persons involved in the selection of scholarship recipients.  
By submitting this application, I authorize the Office of Student Financial Aid to release information pertaining to my financial aid eligibility to the FAU Foundation for the purposes of determining my scholarship eligibility.**

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

\_\_\_\_\_  
Date

**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, 2022**