

University of Minnesota Disability Resource Center Scholarship Application

2020-2021

Please print clearly or type.

Personal Information

1. Name _____
2. U of M Student ID Number _____
3. Permanent Address _____
4. School Address _____
5. Phone _____
6. Email _____
7. High School _____
8. Major/College _____
9. Number of completed credits
upon entering Fall Semester
2020 _____

Essay

On a separate sheet, write an essay of 600 words or less that includes the following. You must submit an essay not previously submitted.

- Your personal history, information about your disability, and how these shape your school experience and your identity.
- A description of your short and/or long term academic and career goals, and what drives you to be resilient in the pursuit of those goals.

Letter of Recommendation

Please submit a letter of recommendation not previously submitted. It should come from a recent teacher, advisor, or your supervisor of paid or unpaid, (e.g. volunteer) work, and dated 2020. Please ask your recommender to address your academic achievement, community involvement, and leadership ability or include any information that will help us differentiate you from other applicants. You can attach the letter to your application or have it mailed or emailed to:

Scott Marshall: marsh058@umn.edu, or

Disability Resource Center Scholarship Committee
McNamara Alumni Center, Suite 180
200 Oak St SE
Minneapolis, MN 55455

Documentation of Disability

Please provide documentation of disability from a licensed professional. It must provide (1) a diagnosis of your condition(s) and (2) an explanation of how one or more major life activities is substantially limited.

Please indicate where the committee will find your documentation:

_____ Attached _____ Available in the DRC office
(Your documentation will be kept confidential and shredded after the committee finishes reviewing applications.)

Financial Statement

Awarding of this scholarship is based in part on financial need. Your signature here gives permission for the Office of Student Finance, University of Minnesota, to release financial information to the Disability Resource Center.

Applicant's Signature: _____
(If submitting electronically, typing name you're here gives the permission stated above.)

Agreement

The information contained within this application is true to the best of my knowledge. I understand that misrepresentation or fraudulent information may be grounds for loss of scholarship funds and repayment. I understand that, in accepting a scholarship from the University of Minnesota-Twin Cities, I give you permission to announce my receipt of a scholarship(s) to scholarship donors, in newspapers, college brochures and newsletters, and other publications. If asked, I agree to write a letter of thanks to the scholarship donor.

Applicant's Signature: _____ Date: _____
(If submitting electronically, typing name you're here gives the permission stated above.)

Your application must be postmarked or arrive via email on or before Monday June 1, 2020. Applications postmarked or received later than June 1, 2020 will not be considered. Send application materials to:

Disability Resource Center Scholarship Committee
McNamara Alumni Center, Suite 180
200 Oak St SE
Minneapolis, MN 55455

Privacy of information note: All information on this application form is private. The information requested will be used for identification and to determine scholarship awards. Failure to provide the information may delay or adversely affect the scholarship decision. Information, with the exception of disability documentation, will be shared with offices within the University for the uses described above. Information may be released to outside organizations and

government bodies in limited circumstances as authorized by state and federal law.

Scholarships Available

Please check only those scholarships for which you qualify.

X for Yes, I qualify	Scholarship Descriptions
	<p>In accordance with the scholarship guidelines, an applicant for The Marshall Access and Education Fund for Disability Services must have a disability. (Disability categories include: ADD/AD, Autism Spectrum Disorder (ASD), blind, low vision, brain injury, coordination, deaf, hard-of-hearing, learning disability, medical condition, mobility, psychiatric, speech or systemic disabilities.) Preference will be given to full-time undergraduate students.</p>
	<p>In accordance with the scholarship guidelines, an applicant for a scholarship from The Angela Brooke Warner Cystic Fibrosis Scholarship Endowment Fund must be a new full-time undergraduate or professional school student (including transfer students) with a physical disability. Preference will be given to a student with Cystic Fibrosis.</p>
	<p>In accordance with the scholarship guidelines, an applicant for The Minneapolis Bleeding Disorders Scholarship must be a new, full-time student enrolling for the first time in an undergraduate program or professional school. Preference will be given to those who have an inherited bleeding disorder, per the scholarship's guidelines.</p>