



## Application for 2016-17 Scholarships for Students with Disabilities

Deadline: April 29, 2016

Office of Financial Aid & Scholarships  
MSC 3519  
Student Success Center  
Harrisonburg, VA 22807  
(540) 568-7820 Phone  
(540) 568-7994 Fax

Scholarship (Check box if applying)	Qualifications
<input type="checkbox"/> <b>Damiano Scholarship for Overcoming Adversity</b>	<p><b>Applicants must exhibit the following characteristics:</b></p> <ul style="list-style-type: none"> <li>Demonstrate financial need based on the Free Application for Federal Student Aid (FAFSA) and as determined by the Office of Financial Aid and Scholarships.</li> <li>Be registered with the Office of Disability Services as a student with a learning disability.</li> <li>Demonstrate perseverance in pursuit of life or educational goals in spite of challenges (i.e., overcome adversity).</li> <li>Exhibit positive campus conduct and serve as a good role model for other students.</li> </ul> <p><b>Award Amount:</b> \$1,300</p>
<input type="checkbox"/> <b>H. Guthrie Allen, Jr. Scholarship</b>	<p><b>Applicants must exhibit the following characteristics:</b></p> <ul style="list-style-type: none"> <li>Be registered with the Office of Disability Services as a student with a disability.</li> <li>Enroll as junior, senior or graduate student</li> <li>Pursue program of study within either the College of Business (first preference) or College of Education (second preference)</li> <li>Demonstrate financial need (preferred) based on the Free Application for Federal Student Aid (FAFSA) and as determined by the Office of Financial Aid and Scholarships.</li> </ul> <p><b>Award Amount:</b> \$1,000</p>

### Instructions

**Follow these steps to request scholarship consideration:**

1. Complete the scholarship application. (Your form must include an original signature.)
2. Request a letter of recommendation from someone familiar with your qualifications. Appropriate individuals would include teachers, guidance counselors, community leaders, administrators, and leaders of civic organizations. (Your recommendation letter must arrive in a sealed envelope with preparer's signature across the back flap.)
3. Place your scholarship application and sealed letter of recommendation in ONE envelope and mail or hand deliver to the financial aid office.

**Notification of Applicants:**

Scholarship recipients will receive notification of their selection before the end of May. All applicants will receive a response from the selection committee.

*Note: Submit a Free Application for Federal Student Aid (FAFSA) by March 1 each year to ensure that you receive priority consideration for all types of financial aid. You can apply for financial aid online at: [www.fafsa.gov](http://www.fafsa.gov)*

Incomplete scholarship applications will not receive consideration.

### Personal Information

Student Name:	Student ID:
Current Grade Level (e.g., freshman):	Cumulative GPA: <small>(Note: New freshmen and new transfer students should report GPA from prior institution).</small>
Enrollment Status: Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/>	Expected Graduation Date:

Personal Information (continued)			
Permanent Address:			
City:	State:	Zip:	County (e.g., Rockingham):
Permanent Phone: ( ) -		E-mail Address:	
Major:		Minor:	
Place of Employment (if any):			Hours/week:
Single parent household: Yes <input type="checkbox"/> No <input type="checkbox"/>			

Honors/Distinctions/Awards (list current or most recent first)			
	Description	Location	Academic Year Received
Ex.	<i>Selected to present at the Gen Ed Student Conference</i>	<i>JMU</i>	<i>2014-15</i>
1.		Select One	
2.		Select One	
3.		Select One	
4.		Select One	
5.		Select One	

Extracurricular, Personal, and Volunteer Activities (school, church, community, work, etc.) (list current or most recent first)				
	Name	Location	Years Involved	Describe your involvement/contributions (including positions held)
Ex.	<i>Alpha Beta Gamma Sorority</i>	<i>JMU</i>	<i>2012-2015</i>	<i>President 2014-15, facilitated exec and regular meetings and activities, kept Advisor abreast of current activities, etc. Rho Chi 13, served as unbiased representative to all rushes. Active member 12-current, participate in meetings, philanthropic events, and community service projects and serve on the Spring formal committee.</i>
1.		Select One		
2.		Select One		

3.		Select One		
4.		Select One		
5.		Select One		

**Personal Statement (Required)**

Your scholarship application must include a brief (not more than two pages) personal statement. Please address the following topics.

1. Describe specific characteristics or circumstances that have helped you overcome obstacles in the pursuit of life or educational goals.
2. As a student with a disability, what would receipt of this scholarship mean to you both personally and financially?
3. If you are currently employed, what experience have you gained that will assist you in your future career?

*(This section is expandable.)*

### Certification Statement and Authorization to Release Information

By submitting this application, I certify that the information provided is complete and accurate. In addition, I authorize the Office of Financial Aid and Scholarships, as an agent of James Madison University, to release information from my application and other available resources, including my Free Application for Federal Student Aid (FAFSA), to individuals or members of search committees participating in the scholarship selection process. Furthermore, the financial aid office has my permission to release any information used in the scholarship selection process to other institutional representatives, the JMU Foundation, and the donor(s). In addition, I give the Office of Disability Services permission to confirm my status and release information about my disability to individuals or members of search committees participating in the scholarship selection process. If I receive a scholarship, the financial aid office, disability services office, other JMU representatives, or the JMU Foundation may share information with donor(s) and others, about my qualifications, including information about my disability status, as they deem appropriate. The financial aid office will consider student privacy in any decision to release information.

I understand that shared information may include, but is not limited to, the following items.

- Scholarship application
- Grade point average
- Financial aid information
- Personal identification information (e.g., name, address, and telephone number)

Finally, I understand that my decision to authorize the release of information is voluntary. By signing this form, I confirm that I have read and understand the conditions described in this certification/release form.

Student's Signature:

Date: