

**2020 AHEAD Scholarship for Students with Disabilities**

**Nomination & Application Form**

### Nomination Form

#### To be completed by AHEAD member who is nominating the student.

Name of Nominator:

E-Mail Address of Nominator:

Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Institution:

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Nominee:

Institution: \_\_\_\_\_ Year in School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**For use if the student is awarded a scholarship:**

Name and address of office on your campus responsible for distribution of external scholarships:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Application Form**

**To be completed by Applicant**

# Personal Profile of Applicant

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**E-mail:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social Security Number: (for processing if awarded): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Disability (optional): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ethnic identity (optional): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Academic Profile

* 1. Year of graduation from high school (if less than 5 years ago): \_\_\_\_\_\_\_\_
	2. In chronological order of attendance, list all formal education after high school, including all colleges and universities, technical training, other comparable academic education. For all institutions listed below, please attach transcripts. Unofficial transcripts that are issued free of charge are acceptable.

* 1. Choose one of the following:

\_\_\_\_\_ I am currently registered at a postsecondary institution

\_\_\_\_\_ I have been admitted and plan to register at a postsecondary institution

# Quarter/semester and year of admission: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* 1. Identify postsecondary institutions, with majors and minors you are pursuing:

Institution Major/Minor

* 1. If you expect a change in your academic plan within the next year, please explain:

# Personal Statement

Use no more than three (8 ½ x 11 inch) pages to answer the following topics. Please type your response.

* 1. Give an overview of your educational pursuits and goals. If you have aspirations for future academic study or for a specific career, discuss your plans.
	2. Describe your past formal and informal experience, including work, community or student activities and leadership positions. **Highlight your disability-related service and leadership activities.**

 **Please be sure to include your signature and the date on your personal statement.**

# Letters of Support

Ask two people to write letters of support for your application; at least one of these should come from an academic reference. It may be helpful to your references if you provide them with a copy of your personal statement. Letters should be individually sealed in envelopes with the signature of the reference over the seal. Please include your letters of support with your other application materials so that the complete packet arrives to the AHEAD office intact; applications will not be forwarded to the Selection Committee without letters of support.

Please list the names and addresses of the individuals you’ve asked to write letters of support for this scholarship.

Applications must be postmarked by **April 15, 2020.** Incomplete applications will not be considered. Please mail this application form, your transcripts, your personal statement, and your two sealed/signed letters of support to:

AHEAD Scholarship Committee

c/o Jane A. Johnston

 Association on Higher Education And Disability

 8015 West Kenton Circle, Suite 230

 Huntersville, NC 28078 USA