

DISABILITY SERVICES SCHOLARSHIP APPLICATION

~ Please ensure that you meet the qualifications for the scholarships checked and submit necessary paperwork ~

-Robert Wilkerson Scholarship
-Timothy Grice Memorial Scholarship
-Tyler J. Stevenson Memorial Scholarship
-Disability Assessment Award, funded in part by Shell

DATE:

FULL NAME:

STUDENT ID:

E-MAIL:

PHONE:

CURRENT ADDRESS (include city, state, zip):

PERMANENT ADDRESS (include city, state, zip):

NAME OF DISABILITY ACCESS COORDINATOR WITH WHOM YOU WORK:

ACADEMIC INFORMATION

Cumulative GPA:

Freshman Sophomore Junior Senior Graduate Other* (Please explain)

Scholarship application is for what term? Fall Spring Year

Number of credit hours for that term?

Residency: In-State Out of State

ACADEMIC DEGREE INFORMATION

Are you in a degree program?

What is your **MAJOR** area of study?

In what college or school are you enrolled?

What is your expected graduation date?

OTHER INFORMATION

Will you be working? Where? If so, # hours per week

What financial support do you receive?

Do you currently have health insurance? Yes No

Is any portion of the cost of a Disability Assessment covered under your insurance?

If yes, how much? \$



University of Colorado
Boulder

Please explain your purpose/reason for requesting this scholarship and how it will assist you in achieving your academic goals (500 words or less).

I hereby certify that the information contained in this application is true and correct to the best of my knowledge. I also understand that the Disability Services may contact the Financial Aid Office to verify information provided on this application.

Signature:

Date: