DISABILITY OPTIONS NETWORK SCHOLARSHIP APPLICATION

Sponsored by:
DEADLINE FOR SUBMISSION IS Open

DISABILITY OPTIONS NETWORK SCHOLARSHIPS AND GRANTS ARE AWARDED IRRESPECTIVE OF RACE, COLOR, CREED, SEX, OR AGE WITH THE ONLY CRITERIA BEING THE APPLICANT'S FINANCIAL NEED, SCHOLARSHIP, CHARACTER AND HIS OR HER ATTAINMENT OF A GRADE AVERAGE OF 2.5 OR GREATER. SCHOLARSHIPS ARE AWARDED TO INDIVIDUALS WITH DISABILITIES OR A STUDENT THAT HAS A CURRICULUMN OF DISABILITY STUDIES

APPLICANT'S NAME _____ COLLEGE BOARD SCORES, V _____ M _____
LAST FIRST MIDDLE Essay _____

HIGH SCHOOL _____ STUDENT CLASS RANK _____ OF _____

SOCIAL SECURITY NO. _____ COUNSELOR _____

STUDENT HOME ADDRESS

_____ BIRTH DATE _____
NUMBER STREET

_____ SEX ( )MALE ( ) FEMALE
CITY STATE

_____ CITIZEN OF U.S. ( ) YES ( ) NO
PHONE

GIVE NAMES OF COLLEGES WITH WHICH YOU HAVE APPLIED FOR ADMISSION ACCEPTED?

1. _____
2. _____
3. _____

PLANNED COURSE OF STUDY: _____

HAVE YOU MADE APPLICATION FOR ANY OTHER SCHOLARSHIPS OR RECEIVED ANY? (IF SO, GIVE DETAILS)

1. _____
2. _____
3. _____

WHAT OTHER OUTSIDE ASSISTANCE HAVE YOU APPLIED FOR? ((FULL DETAILS, PLEASE)

1. _____

2.

3. _____

ARE YOU EMPLOYED? _____ PART TIME _____ FULL TIME _____

WHERE _____ AVG. MONTHLY EARNINGS _____

WHAT PART HAVE YOU TAKEN IN THE ACTIVITIES OF YOUR SCHOOL, CHURCH, COMMUNITY? STATE IN WHAT POSITION, OFFICER OR MEMBER. _____

1. _____ 2. _____
3. _____ 4. _____
5. _____ 6. _____

EXEMPTIONS CLAIMED ON LATEST U.S. INCOME TAX BY (PARENTS) ( )

TOTAL SIZE OF PARENTS HOUSEHOLD. ( )

	NAME	AGE	SCHOOL OR COLLEGE
1.			
2.			
3.			
4.			
5.			

REQUIRED INFORMATION. PLEASE READ!

*ATTACH COPY OF PARENTS CONFIDENTIAL STATEMENT (FAF OR FAFSA) TO APPLICATION WITH W-2 AND/OR 1099.

*PLEASE ATTACH A 300 WORD THEME ON THE TOPIC “WHY I NEED SCHOLARSHIP HELP.” THIS THEME MAY BE TYPED OR WRITTEN CLEARLY IN INK.

*PLEASE ATTACH A 300 WORD THEME ON THE TOPIC “ EXPLAIN HOW YOU CAN MAKE AN IMPACT ON THE LIVES OF THE DISABLED COMMUNITY”

*PLEASE COMPLETE SIGNATURE AND AUTHORIZATION SECTION ON APPLICATION.

*AFTER COMPLETION OF ALL REQUIRED INFORMATION, RETURN TO YOUR GUIDANCE COUNSELOR.

*DISABILITY OPTIONS NETWORK RESERVES THE AUTHORITY TO REQUEST ADDITIONAL DOCUMENTATION IF NEEDED.

SCHOLORSHIP / GRANT CONDITIONS

As a condition for receipt of my Scholarship/Grant from Disability Options Network, I agree to the following:

(1) I will send a letter to DISABILITY OPTIONS NETWORK every year starting one year from the date of my award letter explaining my educational progress and status.

(2) I will provide DISABILITY OPTIONS NETWORK with my current address and phone number should it differ from that set forth on my scholarship application within thirty (30) days of any change in my address or phone number.

(4) I will attend school full time throughout my Scholarship period.

(5) I will use the Scholarship/Grant money during the time period for which it was awarded, which time period is set forth in my award letter.

Date: _____ Applicant Signature _____

CERTIFICATION AND AUTHORIZATION SECTION

This application is subject to the rules and regulations of Disability Options Network. Disability Options Network reserves the right to interview the applicants. Validity of awards is subject to correctness of information submitted on this form by the applicant.

I (we) declare that the information report is true, correct and complete and agree to authorize scholarship application within thirty (30) days of any change in my address or phone number and access to any documents necessary to verify eligibility.

Student _____ Date _____

Parent _____ Date _____

Address _____

CITY STATE PHONE

INSTRUCTIONS: Mail or fax this completed application to:

Disability Options Network
831 Harrison Street
New Castle, PA 16101

Fax Number: (724) 654-3342