**Application for the Disability Resources and Services Scholarships**

**APPLICANT MUST TYPE ALL INFORMATION INTO THIS FORM.** We will not accept handwritten applications.

**Submission Deadline**

**Applications are due by 5:00 pm on the third (3rd) Wednesday of every month. Applications will be accepted September – November and January – April, pending availability of funding.**

**Eligibility Criteria**

* Matriculation as a registered Temple student with a Temple GPA of 2.5 or higher

(You must have attended Temple at least one [1] semester and be enrolled in a program leading to a degree)

* Registration with Temple University Disability Resources and Services (DRS)

(Please refer to [disabilityresources.temple.edu](http://disabilityresources.temple.edu/) to learn about this process)

* Filing of a current \*FAFSA that establishes financial need
* **\*International Students -** Consistent with conditions of Nonimmigrant Student (F-1 or J-1) status, international students are required to report to International Student and Scholar Services (ISSS) any change in financial circumstances. ISSS will review your financial situation and provide you with a revised Form I-20 (F-1 students) or Form DS-2019 (J-1 students) to verify changes in your financial circumstances. Please enclose copies of all Forms I-20 or Forms DS-2019 with your DRS Scholarship application.
* Applicant must provide evidence of exploring and exhausting other sources of funding
* **THANK YOU LETTER**: Successful applicants who receive scholarships must submit a thank you, with a copy provided to the DRS Scholarship Review Committee within four (4) weeks of receiving the award. Submission of a thank you letter is required for consideration for future DRS scholarships.

**Application Completion Requirements**

* Type responses to all questions on this form
* Attach current copy of forms, found in **Self Service Banner (SSB) on the** [**TUportal**](https://tuportal3.temple.edu/cp/home/displaylogin),with your name printed on each form:
  + - Financial aid award package for current financial aid year (award overview)
    - Print out of your active registrations
* Attach current copy of [National Student Loan Data System](http://www.nslds.ed.gov/nslds_SA/) (NSLDS) Cumulative Loan Statement (for U.S. citizens and permanent residents only)
* Sign and date authorization/certification below

***Authorization/Certification for Charlotte W. Newcombe Scholarship***

*Through my signature, I authorize DRS Scholarship Review Committee to review financial and academic records to verify my eligibility.*

***PLEASE READ AUTHORIZATION/CERTIFICATION ABOVE, PRINT OUT THE PAGE AND SIGN.***

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Name Date**

**Submit To: Disability Resources and Services**

**100 Ritter Annex**

**1301 Cecil B. Moore Avenue**

**Philadelphia, PA 19122**

**Application for Disability Resources and Services Scholarships**

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| Date Submitted: | | |  | | | | | Semester of Funding: | | | | | | Fall | | | |
|  | | | | | | | (check one) | | | | | | | Spring | | | |
|  | | | | | | |  | | | | | | | Summer | | | |
| **Personal Information** | | | | | | |  | | | | | | |  | | | |
| Name: | |  | | | | | | |  | TUid: | | | |  | | | |
| Temple Email: | |  | | | | | | |  | | | | | | | | |
| Which of the following categories includes your disability? (check all that apply) | | | | | | | | | | | | | | | | | |
| Health | | | | Hearing | | | LD/ADD | | | | | | Other (please specify) | | | | |
| Psychological | | | | Visual | | | Orthopedic/mobility | | | | | |  | | | | |
| **Your Academic Profile** | | | | | | | | | | | | | | | | | |
| Your Major: | | | |  | | | | | | |  | Expected Graduation Date: | | |  | | |
| Undergraduate/Graduate: | | | |  | | | | | | |  | Full Time/Part Time: | | |  | |
| Pell Grant recipient (Yes/No): | | | |  | | | | | | |  | Cumulative GPA: | | |  | |
| First in your family to attend college (Yes/No): | | | | | |  | | | | |  |
|  | | | | | | | | | | | | | | | | | |
| **Your Request** (Maximum Newcombe scholarship per semester is $1,000. Total of all DRS scholarships received all semesters at Temple cannot exceed $5,000). | | | | | | | | | | | | | | | | | |
| **Please indicate the area(s) in which you are requesting support** (check the appropriate categories): | | | | | | | | | | | | | | | | | |
| Tuition Scholarship: | | | | | To assist with tuition, education-related fees, textbooks, childcare, and other categories normally considered in the financial need analysis for all students | | | | | | | | | | | | |
| Support Scholarship: | | | | | To assist with disability-related needs which are not covered by public disability agencies or other available financial resources: | | | | | | | | | | | | |
| (check one) | | | | | Assistive Technology  Internships  Tutoring  Other Disability-Related Expenses\* | | | | | | | | | | | | |
|  | | | | | \* Includes medical/psychological services, services associated with updating disability documentation, disability-related academic support, and disability-related housing or transportation costs | | | | | | | | | | | | |
| **Provide detailed information regarding the expenses associated with your request. Type information in the box below:** (i.e., cost of each textbook; cost of software; cost of tutoring, including number of hours required & cost per hour; etc.)  **Note: You may be required to submit receipts for expenses incurred.** | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | |  | |
|  |  | |
| **Total Aid Requested** (please enter exact dollar amount, not to exceed $1,000) $ | | | | | | | | | | | | | | | | | |

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| Review the eligibility criteria and check all scholarships that you are applying for. The DRS Scholarship Committee will consider your application for all awards that you are eligible for, contingent upon availability of funding.   |  |  | | --- | --- | | **Charlotte W. Newcombe Scholarship**  All students with a disability | **Erling and Julia Indahl Scholarship**  Students with a visual disability | | **Joshua A. Winheld/Charlotte W. Newcombe Scholarship** Students with a physical disability that significantly impacts mobility | **Matthew Hollander/Charlotte W. Newcombe Scholarship**  Students with a mental health related disability | |  |  | | |
| **PLEASE** **TYPE** your responses to each of the following questions. Each response is limited to 1,000 characters or less: | |
| 1. | What are your educational and career goals? |
|  |  |
|  |  |
| 2. | How will this award help you in meeting these goals? |
|  |  |
|  |  |
| 3. | How is your request specifically related to your disability? |
|  |  |
|  |  |
| 4. | Please describe your efforts to secure funding from public disability agencies or other available financial resources. We may request documentation to support your statements. |
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|  |  |
| 5. | ***Applicants for Charlotte W. Newcombe Scholarships only:*** Please read the brief biography of [Charlotte W. Newcombe](http://www.newcombefoundation.org/about.html) on the Disability Resources and Services website. In reflecting on this information, why do you believe you are a good candidate for a Charlotte W. Newcombe Foundation Grant? |
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| --- | --- |
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| 6. | ***Applicants for Joshua A Winheld/Charlotte W. Newcombe Scholarships only:*** Please read the brief biographies of [Joshua A. Winheld](http://www.temple.edu/studentaffairs/disability/winheld-newcombe.html) and [Charlotte W. Newcombe](http://www.temple.edu/studentaffairs/disability/charlotte-newcombe-endowment.html) on the Disability Resources and Services website. In reflecting on this information, why do you believe you are a good candidate for the Joshua A. Winheld/Charlotte W. Newcombe Scholarship? |
|  |  |
| 7. | ***Applicants for Matthew Hollander/Charlotte W. Newcombe Scholarships only:*** Please describe how you have made progress with regard to your mental health in the past year. |
| 8. | ***Applicants for Alice Raefsky Scholarships only:*** Please describe how you have demonstrated leadership, persistence, and achievement in your academics or community service activities. |

**Please provide the following documents**

1. Financial aid award package for current financial aid year (from SSB with your name included)
2. Active registrations (from SSB Student tab with name included)
3. Current Cumulative Loan Statement (from [www.NSLDS.ed.gov](http://www.NSLDS.ed.gov)) (for U.S. citizens and permanent residents only). If you encounter difficulties logging into NSLDS, please call 1-800-433-3249

**Application Check List (please check each item to indicate that you have read and followed the instructions)**

Type your responses to all questions on this form

Attach a current copy of all forms from SSB with your name printed on each

Financial aid award package for current financial aid year (award overview)

Print out of your active registrations

Attach your current copy of [National Student Loan Data System](http://www.nslds.ed.gov/nslds_SA/) (NSLDS) Cumulative Loan Statement (for U.S. citizens and permanent residents only)

Read, sign and date the authorization/certification on the first page?

**If you have questions as you complete your application, please e-mail your questions to** [**drs@temple.edu**](mailto:drs@temple.edu) **and write “Scholarship Application” in the subject line.**

[disabilityresources.temple.edu](http://disabilityresources.temple.edu/)