

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 CURRICULUM OF DISABILITY STUDIES

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

HIGH SCHOOL \_\_\_\_\_ STUDENT CLASS RANK \_\_\_\_\_ OF \_\_\_\_\_  
OF \_\_\_\_\_

SOCIAL SECURITY NO. \_\_\_\_\_ COUNSELOR \_\_\_\_\_

STUDENT HOME ADDRESS

NUMBER \_\_\_\_\_ STREET \_\_\_\_\_ BIRTH DATE \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ SEX ( ) MALE ( ) FEMALE

PHONE \_\_\_\_\_ CITIZEN OF U.S. ( ) YES ( ) NO

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.

SCHOLARSHIP / 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**  
101 South Mercer Street  
Suite 102  
New Castle, PA 16101

Fax Number: (724) 654-3342