

DRD Scholarship Application Packet-Spring 2017

Online Fillable Application and instructional video available at

<https://drd.santarosa.edu/>

- Review the instructional video located at <https://drd.santarosa.edu/>
 - Click on Disability Resources Scholarship Program
- Start early – particularly requesting the letter of recommendation (Number 6).
- Edit your application for clarity and spelling/grammar mistakes.
- Save and/or make a copy of your completed application for your own files.

___ 1: Read scholarship descriptions carefully. (See Scholarship Descriptions).

___ 2: Identify scholarships for which you are eligible. (See Scholarship Descriptions).

___ 3: **Complete** and **sign** the first page of the Scholarship Application.

___ 4: Include your **typed or legibly printed** responses to questions 1-10

___ 5: Attach your **one page** personal statement. Be sure to include the following information:

- a. Your educational, employment and personal goals.
- b. Your disability, how it impacts your success and strategies you use to overcome challenges in your life.
- c. Why you are a good DRD scholarship candidate.

___ 6: Attach **one** letter of support from an SRJC instructor or counselor who is not employed by DRD. A letter from an employer is also acceptable.

___ 7: Submit the **completed and signed application packet including all attachments** to:

Disability Resources Department (DRD) Front Desk

Santa Rosa Campus,
Bertolini Student Center 3rd Floor,
1501 Mendocino Avenue, Santa Rosa, CA 95401

Phone: (707) 527-4278

Petaluma Campus,
Jacobs Hall, Room 101,
680 Sonoma Mountain Parkway, Petaluma, CA 94954

Phone: (707) 778-2491

Due: 4:00 p.m., Tuesday, February 21, 2017

DRD will not accept incomplete, unsigned or late submissions.



DRD Scholarship Application



Last Name		First Name		Middle Initial
SRJC Student ID Number	Name of DRD Specialist		Telephone Number 1 (include area code)	
Street Address/PO Box			Telephone Number 2 (include area code)	
City	State	Zip:	Email Address	

Disability: Please “X” all that apply: (DRD must have disability verification on file)

<input type="checkbox"/>	Acquired Brain Injury	<input type="checkbox"/>	Intellectual Disability	<input type="checkbox"/>	Speech/Language Impairment
<input type="checkbox"/>	Attention Deficit Disorder	<input type="checkbox"/>	Learning Disability	<input type="checkbox"/>	Visual Impairment
<input type="checkbox"/>	Autism Spectrum Disorder	<input type="checkbox"/>	Mental Health	<input type="checkbox"/>	
<input type="checkbox"/>	Deaf/Hard of Hearing	<input type="checkbox"/>	Physical Disability	<input type="checkbox"/>	
<input type="checkbox"/>	Other: Please Describe _____				

I certify that the information provided in this application is true and complete to the best of my knowledge. Should I be selected as a scholarship recipient, I authorize the publication of my name in relation to this award, the sharing of application information with donor(s), and presentation of my name and accomplishments at the DRD Honors Reception on May 12, 2017.

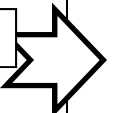
Student Signature: _____ **Date:** _____

I am applying for the following scholarships (Please “X” all that apply):

<input type="checkbox"/>	Alves Family Scholarships	<input type="checkbox"/>	Margaret Rainwater Memorial Scholarship
<input type="checkbox"/>	Arthur Jaseau Learning Skills Grant	<input type="checkbox"/>	Megan E. Smith Scholarship
<input type="checkbox"/>	Brotman Family Scholarship Fund	<input type="checkbox"/>	Milden-Mortensen/Petaluma 7-11 Lions Club
<input type="checkbox"/>	Colleen Handley Memorial Scholarship	<input type="checkbox"/>	Monson Family Scholarships
<input type="checkbox"/>	Dream Big Scholarships	<input type="checkbox"/>	Sonoma County Mayor’s Committee: ___ 1. Veteran ___ 2. General
<input type="checkbox"/>	Edith M. Amateau Memorial Scholarship	<input type="checkbox"/>	UCP of the North Bay Scholarships
<input type="checkbox"/>	Elizabeth Carlson Memorial Scholarship	<input type="checkbox"/>	Villa Family Scholarship Honoring Laura Aspinall
<input type="checkbox"/>	Janakes Family Scholarship	<input type="checkbox"/>	Williams Family Scholarships
<input type="checkbox"/>	Julie Stone Memorial Scholarship	<input type="checkbox"/>	
<input type="checkbox"/>	Kathleen Anne Emery Memorial Scholarship	<input type="checkbox"/>	

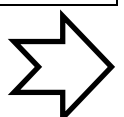
DRD OFFICE USE ONLY: Application Complete: Y N Major: _____

Continuing Transfer: Date: _____ Employment: Date: _____



Please Type or Legibly Print Your Answers.

1. State your Educational Goal (i.e.: job skills, certificate, AA degree, or transfer.)? _____
2. State your major or program of study? _____
3. What is your expected SRJC completion date? _____ Fall _____ Spring _____ Summer Year: _____
4. Do you plan to transfer to another college or university? _____ Yes _____ No If "Yes" provide your expected transfer date? _____ Fall _____ Spring _____ Summer Year: _____
5. Are you a U. S. Military Veteran? _____ Yes _____ No If Yes, and you are applying for the Sonoma County Mayor's Committee on Employment of People with Disabilities Scholarship for Veterans, please attach a copy of your Form DD214 or Military Id Card for verification purposes.
6. What are your employment goals?
7. Describe any grants, fee waivers, social security benefits or other monetary aid you have received. _____ None
8. Describe your financial need.
9. List any scholarly recognitions or awards you have received. _____ None
10. Describe your participation in campus and community service or leadership experience.



Personal Statement: Please type in the space provided or on a separate sheet. **Limit: One (1) Page**