University of Hawai‘i at Hilo
Scholars with Disabilities Achievement Grant

The Scholars with Disabilities Achievement Grant recognizes a student with a documented disability who has demonstrated superior scholastic performance and who plans to enroll at the University of Hawai‘i at Hilo for the Fall 2014 academic semester.

Eligibility
Students meeting all of the following qualifications may apply.
1. Currently enrolled classified student, or accepted as a classified student into a University of Hawaii at Hilo degree program. Student may be enrolled either full- or half-time.
2. Academic merit as demonstrated by a grade point average of at least 3.0 in high school, college, or university setting.
3. Student is determined to be a “qualified student with a disability” as determined under the Americans with Disabilities Act standards-guidelines provided. (An IEP and or 504 plan is not sufficient.)

Applications Requirements

2. A Personal Statement – guidelines provided

3. Letter of Recommendation – form provided

4. Documentation substantiating disability as determined by the Americans with Disabilities Act standards. Documentation submitted will be considered highly confidential, and will not be returned to applicant.

Condition of Award
One award will be made every academic semester, and all applicants will need to competitively apply each semester for the Achievement Grant. Achievement Grant will apply to one academic semester only, and will be applied towards the tuition fee in the amount of $1000.00. Students may be asked to show progress throughout the semester. Award letter to be mailed out by July 31, 2014.

Applications and all supporting documents should be submitted to Scholars with Disabilities Achievement Grant, c/o Disability Services, University of Hawai‘i at Hilo, 200 W. Kawili Street, Hilo, HI 96720.
University of Hawaii at Hilo
Scholars with Disabilities Achievement Grant Application

Application Deadline: June 30, 2014

Please type or print:

Name: ____________________________________________________________________________
    Last    First    Middle

Mailing Address: ___________________________________________________________________
    Number   Street   City          Zip Code

Home Phone: _______________________       Work Phone: ______________________

Permanent Address: __________________________________________________________________
    Number   Street   City          Zip Code

Date of Birth: ____/____/____    Gender: ________________________

Marital Status: Single_____ Married_____ Divorced_____ Widowed____

Education

High School Attended: _________________________ Year Graduated____

University/College
Level:    Fresh_____ Soph_____ Junior_____ Senior_____ Grad_____ Certificate_____

Major: ________________________ Current GPA: _______ Cumulative GPA: _______ 

List all colleges attended other than UHH

Institution                  From/To                Degree               Major

I attest that all the information on this application is true and correct to the best of my knowledge. I agree to provide supporting documents and further verification upon request and authorize the Scholars with Disabilities Achievement Grant Committee access to my educational records.

Signature___________________________________________   Date_________________________
Recommendation Form

To the applicant: Print your name, social security number and sign to waive/not waive access to this letter of recommendation. Refer this form to a faculty member, instructor, or teacher who can evaluate your academic strengths and weaknesses.

Applicant’s Name _______________________________________________________________

Social Security No.__________________________________________

Please check and sign in accordance with the Family Educational Rights and Privacy Act of 1994.

I hereby ______waive ______do not waive my right of access to this letter of recommendation

_____________________________ Signature of Applicant ______________________________

Date

To the reference: Use an additional page if necessary. The recommendation is an important part of the student application. Please respond candidly to the items below, sign and return your recommendation either to the applicant, or the address listed below. The questions may be addressed on an attached statement.

1. How well and in what capacity do you know the applicant?
2. Is there evidence of the student’s academic accomplishments or potential that is not directly reflected in the GPA?
3. What are the applicant’s previous and current activities that demonstrate leadership potential?
4. In what way do you expect the applicant to provide leadership or service to the community? What are the special skills or talents of the applicant that will benefit the community?

Deadline: June 30, 2014

Date _______________   Signature___________________________________

Print Name and Title_________________________________________________

Print Address_______________________________________________________

This form can either accompany the application or be returned to: Scholars with Disabilities Achievement Grant, c/o Disability Services, University of Hawai‘i at Hilo, 200 W. Kawili Street, Hilo, HI 96720.
PERSONAL STATEMENT

Describe your reasons for pursuing a college education, your selection of the discipline of study, and how they relate to your life and career goals. Please include any previous or current activities that demonstrate your leadership potential, and special skills or talents that will be of benefit to your community.