

## DRC Able & Advancing Scholarship Application

In partnership with



Name: _____	Phone: _____
College: _____	Class standing: <input type="checkbox"/> So <input type="checkbox"/> Jr <input type="checkbox"/> Sr
Major: _____	Email: _____
NSHE ID: _____	Disability Specialist: _____

- Please attach a one-page, single-spaced essay (500 words maximum) addressing the following prompt: **“What are your goals? How would receiving this scholarship help you achieve these goals?”** Please type your essay.
- Please include a reference letter from a faculty member in your degree program who can speak to your progress in the program and your experience as a student.
- Please include a copy of your most current degree program, you can obtain a copy from your academic advisor.

### Qualifications:

1. **This application is for students who are currently registered and actively engaging in services at the Disability Resource Center. The student must be admitted to a full major (no PRE or Exploring Majors students).** This CSUN scholarship applies to UNLV undergraduate students ONLY.
2. **Undergraduate students must have and maintain a minimum UNLV G.P.A. of 2.50 on a 4.0 scale.**
3. Complete this **application form, essay, and required documentation** as noted and return to the Disability Resource Center by email to [drcscholarships@unlv.edu](mailto:drcscholarships@unlv.edu) by 5 p.m. PST on March 17, 2021.
4. All scholarships are contingent upon acceptance to a full major and maintaining a minimum GPA of 2.5, admission to UNLV during the term the scholarship is awarded, enrolled in at least 6 credits, and continued eligibility for scholarships. I certify that I will not be receiving a stipend for an elected or appointed position within CSUN during the academic year for which this scholarship will be awarded.
5. A total of 4 scholarships, \$2,000 each, will be awarded to students for the upcoming academic year (2021-2022). Scholarship recipients will be awarded \$1,000 in the fall semester and the remaining \$1,000 in the spring semester.
6. The University of Nevada, Las Vegas is committed to and will provide equality of educational and employment opportunity for all persons regardless of race, sex, age, color, national origin, ethnicity, creed, religion, disability, sexual orientation, gender, or political affiliation.
7. Students have maximum financial aid award eligibility for each semester. If a scholarship awarded is in excess of this maximum amount other financial aid awards may be reduced. I understand that I will be required to return some or my entire CSUN scholarship award if I fail to meet the eligibility requirements for the duration of the scholarship period, and that any chargeback may appear on my UNLV account. I understand that my application will not be accepted if I have not met the requirements outlined above.

My signature indicates that I have read and I understand the above stated scholarship policies and that I agree to comply with all UNLV scholarship award policies. I certify that the information given herein is true and complete to the best of my knowledge. I authorize the UNLV professional staff to verify my eligibility for all CSUN scholarships which includes: registration status, unofficial transcript, and GPA.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_