

DISABILITY SERVICES

University Plaza
Atlanta, GA 30303-3083
Phone: 404/413-1560 voice/TTY: 404-413-1564
Fax: 404/413-1563



Bennett A. Brown Scholarship

Personal Information Form

Please type or print neatly in ink

Applicant name _____ SSN _____

Address _____
(street) (city) (state) (zip)

Phone Number (include area code) _____

Major _____ College or Dept. _____

Classification for next fall: ___ Incoming Freshman ___ Freshman ___ Sophomore ___ Junior ___ Senior

Cumulative GPA _____ Number of semester hours completed _____

Briefly describe the nature of your language-based disability _____

Are you currently registered with disability services at G.S.U. ___yes ___no

Community Activities: _____

Have you applied for financial aid at G.S.U. for the 2009-2010 school year? ___yes ___no

If I am accepted as a recipient of the Bennett A. Brown Scholarship, I give permission for the awards committee to release my name. In doing so, I realize that I will be identified as a student with a language based disability. ___yes ___no
Please initial _____

By signing below, I acknowledge that I understand the eligibility requirements for this scholarship and that to the best of my knowledge, I meet these requirements. I also verify that information given in this application is complete and accurate.

Applicant's signature _____ Date _____

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Bennett A. Brown Scholarship

Eligibility Criteria

To apply for the Bennett A. Brown Scholarship, an applicant:

- ❖ Must have a documented language based learning disability (a learning disability which substantially limits your ability to read, write, or comprehend spoken language) and be registered with the Office of Disability Services at Georgia State University.
- ❖ Must be an incoming Freshman student at G.S.U. who has been accepted for admission **OR** must be an undergraduate student who is already enrolled at Georgia State University.
- ❖ Must have participated in some form of community service.

Determination of Recipient

To determine who will receive the Bennett A. Brown Scholarship, the awards committee will evaluate each applicant in the following areas:

- ❖ The severity of impact of the language based learning disability on academic and vocational abilities.
- ❖ The level of commitment to community service.

If the needed information is missing or isn't adequately addressed in the application, points will be deducted. Applicants are responsible for making 5 copies of their recommendation forms and letters. These are **non-confidential** recommendations forms and letters.

Finalists will be notified by telephone and will be scheduled to meet with the committee. In the event that the applicant cannot be reached, they will be deemed ineligible. Finalists who fail to appear for the interview will also be deemed ineligible.

The determination of the Awards Committee will be final.

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Bennett A. Brown Scholarship

Instructions for completion of application

- ❖ Incoming Freshman applicants must attach a transcript for all high school level classes.
- ❖ Must use a different essay from previous years, and cannot use essay from a previous scholarship application. Essays are expected to reflect writing standards of a university student. It is suggested that students make use of all writing resources available (writing labs, tutors, etc). ODS staff cannot assist student with their essays.
- ❖ Undergraduate applicants must attach a transcript of all college level classes.
- ❖ A minimum of two completed recommendation forms with accompanying letters of recommendation must arrive at Disability Services on or before **April 6, 2009**. These recommendations can be from a professor, a high school teacher, or a personal mentor
- ❖ All applications must include a 500-1000 word essay addressing **all** of the following questions: *(If your LD impacts on your ability to express yourself adequately in writing, you may tape this essay and include one tape with each copy of the application)*
 1. What are your current academic and career objectives?
 2. What is your language-based disability and how does it impact your ability to achieve those objectives?
 3. How would this scholarship assist you in attaining these objectives?
 4. If you do not receive this scholarship, what alternative will you use to achieve those objectives?
 5. What positive impact have you made on your community?
- ❖ An original and five (5) copies of the completed application package (including all materials stated above) must be received by the Margaret A. Staton Office of Disability Services on or before **April 6, 2009**. (ODS will NOT make copies of the application packets).

AWARDS

Awards will become effective fall semester 2009. The actual number and amount of individual awards will be subject to the availability of funds and at the sole discretion of the Awards Committee. The awarded money will be split and placed into the recipient's student account at the beginning of the fall 2009 and spring 2010 semester. The scholarship award is contingent upon the recipient's acceptance to, or continuation in, a Georgia State graduate or undergraduate program. All application documents will become the property of the Awards Committee.

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BENNETT A. BROWN SCHOLARSHIP

RECOMMENDATION FORM

TO THE APPLICANT: PLEASE PRINT YOUR NAME AND SOCIAL SECURITY NUMBER BELOW, THEN GIVE THIS FORM TO YOUR EVALUATOR TO COMPLETE. IT IS YOUR RESPONSIBILITY TO ENSURE THAT THIS FORM IS RETURNED TO DISABILITY SERVICES BY **April 6, 2009.**

STUDENT NAME _____ SSN _____

TO THE EVALUATOR: PLEASE COMPLETE THE EVALUATION MATRIX BELOW AND ATTACH A LETTER OF RECOMMENDATION DESCRIBING THIS STUDENT AND WHY YOU THINK THEY QUALIFY TO RECEIVE THE BENNETT A. BROWN SCHOLARSHIP. PLEASE RETURN BOTH ITEMS TO DISABILITY SERVICES ON OR BEFORE **April 6, 2009.**

	BELOW AVERAGE	AVERAGE	ABOVE AVERAGE	EXCELLENT	NO BASIS FOR JUDGEMENT
MOTIVATION					
CREATIVITY					
ACADEMIC SELF DISCIPLINE					
LEADERSHIP					
EMOTIONAL MATURITY					
PERSONAL INITIATIVE					
REACTION TO SETBACKS					
INTEGRITY					
SELF-CONFIDENCE					
POTENTIAL					
GOAL-ORIENTED					
COMMUNICATION SKILLS					
INTERPERSONAL SKILLS					
OVERALL ASSESSMENT					

IN WHAT CAPACITY DO YOU KNOW THE APPLICANT? COLLEGE PROFESSOR HIGH SCHOOL TEACHER CO-WORKER SUPERVISOR OTHER (PLEASE SPECIFY) _____

HOW LONG HAVE YOU KNOWN THE APPLICANT? _____ COURSE TAUGHT OR NAME OF WORKPLACE _____

EVALUATOR'S NAME _____ TITLE _____

SIGNATURE _____ DATE _____