

DISABILITY SERVICES

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



**J.B.S. 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 FALL 2009** \_\_SOPH \_\_JR \_\_SR \_\_ GRAD CUMULATIVE GPA \_\_\_\_\_

BRIEFLY DESCRIBE YOUR DISABILITY \_\_\_\_\_

ARE YOU CURRENTLY REGISTERED WITH DISABILITY SERVICES AT G.S.U.? \_\_ YES \_\_NO

COMMUNITY ACTIVITIES WITHIN THE LAST 3 YEARS

\_\_\_\_\_  
\_\_\_\_\_

COMMUNITY/UNIVERSITY LEADERSHIP POSITIONS WITHIN THE LAST 3 YEARS

\_\_\_\_\_  
\_\_\_\_\_

HAVE YOU APPLIED FOR FINANCIAL AID AT GSU FOR THE 2009-2010 SCHOOL YEAR? \_\_ YES \_\_NO

DID YOU RECEIVE FINANCIAL AID FOR THE CURRENT SCHOOL YEAR? \_\_ YES \_\_NO

IS YOUR STUDENT FINANCIAL AID REPORT ATTACHED TO THIS APPLICATION? \_\_ YES \_\_ NO

BY SIGNING BELOW, YOU ARE ACKNOWLEDGING THAT YOU HAVE READ AND UNDERSTOOD THE ELIGIBILITY REQUIREMENTS FOR THIS SCHOLARSHIP AND THAT TO THE BEST OF YOUR KNOWLEDGE YOU MEET THESE REQUIREMENTS. YOU ARE ALSO VERIFYING THAT INFORMATION GIVEN IN THIS APPLICATION IS COMPLETE AND ACCURATE.

IF I AM ACCEPTED AS A RECIPIENT OF THE J.B.S 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 DISABILITY. \_\_\_\_ YES \_\_\_\_NO

PLEASE INITIAL \_\_\_\_\_

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

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RECOMMENDATION FORM

**TO THE APPLICANT:** PLEASE PRINT YOUR NAME AND SOCIAL SECURITY NUMBER BELOW, THEN GIVE THIS FORM TO YOUR EVALUATOR (non-family member) TO COMPLETE. IT IS YOUR RESPONSIBILITY TO ENSURE THAT THIS FORM IS RETURNED TO DISABILITY SERVICES BY **April 22, 2009**.

STUDENT NAME \_\_\_\_\_ SSN \_\_\_\_\_

**TO THE EVALUATOR:** PLEASE COMPLETE THE EVALUATION MATRIX BELOW AND ATTACH A LETTER OF RECOMMENDATION FOR THIS STUDENT, THEN RETURN IT TO DISABILITY SERVICES BEFORE **April 22, 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

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

EVALUATOR'S NAME \_\_\_\_\_ TITLE \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

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### **JBS SCHOLARSHIP** INSTRUCTIONS FOR COMPLETION OF APPLICATION

- Applications must include a completed Personal Information Form
- Applicants must attach a transcript for all college level classes (does not have to be official)
- A minimum of two completed recommendation forms **with accompanying letters of recommendation**, must arrive at Disability Services on or before **April 22, 2009**. One recommendation must be from a professor in the college of your major. The other recommendations can be from another professor, a high school teacher (if you are an undergraduate), a co-worker or a supervisor. Must use a different essay from previous years, and cannot use essay from a previous scholarship application. Your essay should reflect the progress you have made in your academic and career objectives during the past year. It is suggested that students make use of all writing resources available (writing labs, tutors, etc). ODS staff cannot assist students with their essays.
- A copy of your **Student Aid Report** (you will receive this form from Federal Financial Aid a few days after you apply)
- All applications must include a 500-1000 word essay addressing **all** the following questions:
  1. Your current academic and career objectives
  2. How your disability impacts on 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 alternatives will you use to assist you in achieving those objectives
  5. How/when/where have you demonstrated your leadership skills and community involvement.
- **To be considered for the award, applicants must submit a complete original application (including all components mentioned above) plus 5 copies to Disability Services on or before April 22, 2009. Please note: copies of this application will not be made at Disability Services. Applicants are responsible for making copies of their recommendation letters and forms. These are NON-CONFIDENTIAL recommendation forms and letters.**

### **AWARDS**

Awards will become effective during fall semester 2009. The actual number and amount of individual awards will be at the sole discretion of the Awards Committee. The awarded money will be placed into the recipient's student account in two equal payments at the beginning of the fall 2009 semester and again at the beginning of the 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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### **J.B.S. SCHOLARSHIP**

#### ELIGIBILITY CRITERIA

*TO BE ELIGIBLE TO APPLY FOR THE J.B.S. SCHOLARSHIP AN APPLICANT:*

- Must be a currently enrolled student at GSU.
- Must have a documented disability and be registered with the Office of Disability Services at GSU.
- Undergraduate students must be full time equivalent and have a GPA of 2.5 or higher.
- Graduate students must be full time equivalent and have a GPA of 3.0 or higher.
- Must have applied for **Federal Financial Aid** and have a copy of the **Student Aid Report**.
- Must have demonstrated leadership skills (i.e. involvement in community activities, clubs, and organizations).

#### **DETERMINATION OF RECIPIENTS**

To determine recipients of the J.B.S. Scholarship, the Awards Committee will assess each applicant in the following areas: academic achievement, demonstrated leadership skills, economic need, and severity of impact of the disability on their academic and vocational activities. If the needed information is missing or isn't adequately addressed in the application, points will be deducted.

The determination of the Awards Committee will be final.