

DISABILITY SERVICES

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



**MARGARET A. STATON SCHOLARSHIP**

PERSONAL INFORMATION FORM

PLEASE TYPE- HANDWRITTEN APPLICATIONS WILL NOT BE ACCEPTED

APPLICANT NAME \_\_\_\_\_ SSN \_\_\_\_\_

ADDRESS \_\_\_\_\_  
(STREET) (CITY) (STATE) (ZIP)

PHONE NUMBER (INCLUDE AREA CODE) \_\_\_\_\_

MAJOR \_\_\_\_\_ COLLEGE OR DEPT. \_\_\_\_\_

CLASSIFICATION FOR **FALL 2009** \_\_ FR \_\_ SOPH \_\_ JR \_\_ SR \_\_ GRAD STUDENT

CUMULATIVE GPA \_\_\_\_\_ NUMBER OF SEMESTER HOURS COMPLETED \_\_\_\_\_

BRIEFLY DESCRIBE YOUR DISABILITY(i.e. L.D. in Reading, Hearing Impairment, Quadriplegic)  
\_\_\_\_\_  
\_\_\_\_\_

ARE YOU CURRENTLY REGISTERED WITH DISABILITY SERVICES AT G.S.U.? \_\_ YES \_\_ NO

COMMUNITY ACTIVITIES (Please list) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

IF I AM SELECTED AS A RECIPIENT OF THE MARGARET A. STATON 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 \_\_\_\_\_

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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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 16, 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 16, 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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## MARGARET A. STATON SCHOLARSHIP

### ELIGIBILITY CRITERIA

*TO APPLY FOR THE MARGARET A. STATON SCHOLARSHIP AN APPLICANT:*

- Must have a documented disability and be registered with the Margaret A. Staton Office of Disability Services at GSU.
- Undergraduate students must have completed at least one semester at Georgia State and have maintained a GPA of 2.5 or higher.
- Graduate students must be accepted into or currently participating in a specific graduate or professional program at GSU and have a GPA of 3.0 or higher.

### **Applications will only be considered if:**

- The application packet (including the original and five copies) arrives in the Margaret A Staton Office of Disability Services by the deadline **April 16, 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.*
- The application form is typed and signed.
- **The essay is typed in 14-point type size or larger and is double-spaced.**

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## **MARGARET A. STATON SCHOLARSHIP**

### **DETERMINATION OF RECIPIENT**

To determine who will receive the Margaret A. Staton Scholarship, the Award Committee will evaluate each applicant in the following areas:

- academic achievement
- severity of impact of the disability on academic and vocational activities, and
- campus and community involvement.

If the needed information is missing or isn't adequately addressed in the application, points will be deducted. All things being equal, preference will be given to individuals with physical disabilities and to women students.

The determination of the Awards Committee will be final.

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### MARGARET A. STATON SCHOLARSHIP

#### INSTRUCTIONS FOR COMPLETION OF APPLICATION

- Applications must be typed, **no handwritten applications will be accepted.**
- Applicants must attach a transcript for 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 16, 2009**. These recommendations can be from a professor, a high school teacher, or a personal mentor. 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.
- All applications must include a 500-1000 word essay addressing the following questions:
  1. What are your current academic and career objectives?
  2. What is your 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 alternatives will you use to assist you in achieving those objectives?
- **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 16, 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 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.