



Friends of UIS Scholarship for Students with Disabilities
2012 – 2013 SCHOLARSHIP APPLICATION
Due: March 31, 2012

Name: \_\_\_\_\_
Last First M.I.

UIN: \_\_\_\_\_ SSN: \_\_\_\_\_

Providing the University Identification Number (UIN) and/or Social Security Number (SSN) is optional; however, one or the other is used to ensure the recording of scholarship funds on the correct student's record. If you provide neither the UIN nor the SSN, the processing of your scholarship information may be delayed. The University of Illinois at Springfield has a strong commitment to ensuring the privacy and confidentiality of student information. Your SSN will not be disclosed without your consent, except as required by financial aid programs, and as allowed by law.

Are you a current UIS student? \_\_\_ YES \_\_\_ NO

Will your first semester of attendance at UIS be: Fall 2012 \_\_\_ Spring 2013 \_\_\_ Summer 2013 \_\_\_

INSTRUCTIONS:

Complete the entire application and forward it to the UIS Office of Financial Assistance with a brief personal narrative. Narratives must be written by the student and should identify the specific disability that qualifies the student for this scholarship, how the disability has impacted the student's academic pursuits, and how the challenges of the disability have been faced by the student, as well as the career objectives of the student. The format of the narrative should be a brief (approximately two-page) essay.

To qualify for this scholarship, students must have completed the 2012-2013 FAFSA (Free Application for Federal Student Aid) selecting UIS as a college choice (Title IV code 009333). Students must be enrolled in no fewer than four (4) credit hours each semester and must maintain a minimum cumulative GPA of 2.0 in order to retain the scholarship each term, and/or to be considered for renewal. Additionally, the student must have registered with the UIS Office of Disability Services located in HRB 80 and that registration must be certified by the Director of Disability Services on this application (refer to the certification box on the reverse side). Students who have not previously made application to the UIS Office of Disability Services must do so before consideration for this scholarship can be made. Please contact that office at (217) 206-6666, or visit their web site at www.uis.edu/disabilityservices to find out how to apply.

Submit this completed application and narrative by MARCH 31, 2012 to the following address:

Office of Financial Assistance
ATTN: Friends of UIS Scholarship for Students with Disabilities
University of Illinois at Springfield
One University Plaza, MS UHB 1015
Springfield, IL 62703

\*\*\*\*\*Please complete the reverse side of this application\*\*\*\*\*

**GENERAL INFORMATION:**

**Name** \_\_\_\_\_ **UIN** \_\_\_\_\_  
Last First M. I.

**Current Mailing Address** \_\_\_\_\_  
Street City State Zip

**Permanent Mailing Address** \_\_\_\_\_  
Street City State Zip

**Local Phone (day)** \_\_\_\_\_ **(evening)** \_\_\_\_\_

**Gender (circle correct answer)** *Male* *Female* **Date of Birth** \_\_\_\_\_

**ACADEMIC PLAN:**

**2012-2013 Academic Year (circle correct answer)** *Undergraduate* *Graduate* *Doctoral*

**Major** \_\_\_\_\_ **Expected Graduation Date** \_\_\_\_\_

I plan to enroll for \_\_\_\_\_ credit hours for Fall and \_\_\_\_\_ credit hours for Spring.

**NOTE: The following certification MUST be completed for you to be considered for this scholarship.**

<b><u>CERTIFICATION OF STUDENT’S REGISTRATION WITH THE OFFICE of DISABILITY SERVICES</u></b>	
The Office of Disability Services hereby certifies that _____ has registered with the	
	<i>Student’s Name</i>
UIS Office of Disability Services and is, therefore, eligible to apply for the Friends of UIS Scholarship for Students with Disabilities for the 2012-2013 academic year.	
_____	_____
Director of Disability Services	Date

**IMPORTANT INFORMATION:**

Awards will be for the 2012-2013 academic year and will be contingent on continued academic progress and enrollment. Students must continue to meet the required selection criteria. Selected students will receive an acceptance form which must be returned within 30 days of receipt to the UIS Office of Financial Assistance.

The scholarship award will be distributed equally between the fall 2012 and spring 2013 semesters and will be credited to the student’s university account.

For questions, or additional information, please contact the UIS Office of Financial Assistance at (217) 206-6724 or toll free at (888) 977-4UIS. You may also access the following website: [www.uis.edu/financialaid](http://www.uis.edu/financialaid).

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