



**ARKANSAS DEPARTMENT OF
CAREER EDUCATION
DIVISION OF REHABILITATION SERVICES**



**Arkansas Governor's Commission on People with Disabilities
2018-2019 Scholarship Application Form**

This scholarship is a one-time award for Arkansans with disabilities who are seeking higher education and/or vocational training. If you have received a scholarship from the Governor's Commission in the past, please do not re-apply since you can no longer receive the scholarship more than once. Also you must be accepted into a 2 or 4 year college, university, or vocational training program in Arkansas to be awarded the scholarship.

To Apply: All documents must be turned in or postmarked by **February 2, 2019**

1. Completed and signed Arkansas Governor's Commission on People with Disabilities 2018-2019 Scholarship **Application Form**.
2. Completed and signed Arkansas Governor's Commission on People with Disabilities **certification of disability**. This form must be signed by a professional health care provider.
3. An **official acceptance letter** from vocational training program, college, or university confirming applicant's acceptance or current enrollment (in good standing).
4. **Two (2) letters of recommendation** from an adult who is not a family member of the applicant. Letters should discuss your academic abilities, character, volunteer services, community involvement, extracurricular activities, and career goals.
5. **Official transcript** from high school and/or college.
6. First two pages of the **previous year's federal income tax form** (for parents or individual).

Please type or print your application. ALL blanks must be completed. Thank you!

Note: If you are unable to complete this form, then you may submit your answers in an alternative format (for example, a recorded video of you answering the questions verbally).

If you need extra space to answer a question, then please write the section heading and your full name on top of each extra page used. Have questions? Please call (501) 682-5317.

Arkansas Governor's Commission on People with Disabilities 2019-2020 Scholarship Application Form

Have you previously received this scholarship? Yes No

If "yes," please do *not* continue this application. You can now only get this scholarship one time. If "no," please fill out all information in the application below. Thank you!

Contact Information

Name Mr. Miss Mrs.

Date of Birth (MM/DD/YEAR) Male Female **Age**

Address **City**

State **Zip** **Phone** **Alt. Phone**

Email Address

School Information

Name of School Last Attended

Month/Day/Year of Graduation [Click here to enter a date.](#) **or GED** [Click here to enter a date.](#)

School Accepted Into or Currently Attending

Is this school located in Arkansas? Yes No

Expected Tuition for Chosen School per year per semester

Are you currently an Arkansas Resident? Yes No

What do you plan to study at school (your major)?

Do you currently receive accommodations or modifications for school?

Yes No

Personal Statements

These statements help the scholarship committee get to know you and understand your personal goals and specific challenges to continuing your education. Please carefully read the questions and make sure to answer all parts of the questions. Please type or write your responses in the space provided. You may use extra sheets of paper if necessary. Write your full name and the question you are responding to at the top of each extra page used.

(1 of 2)

What is your career goal? What education is needed to achieve this goal? Why are you interested in this career?

(2 of 2)

How has living with a disability affected your life so far (in good and bad ways)?

What challenges have you faced? And what strategies have you used to overcome those challenges?

Application Submission Agreement

Please read the following statement and sign at the end to say that you agree.

I answered all of the application questions honestly. I have been accepted into a school in Arkansas. And I really want to get training to start my career. I understand that I must also send in the below documents for my application to be considered. I understand that all of these documents must be received or sent in the mail (postmarked) by the deadline February 29, 2020:

1. Completed and signed Arkansas Governor’s Commission on People with Disabilities **certification of disability**. This form must be signed by a professional health care provider.
2. An **official acceptance letter** from vocational training program, college, or university confirming applicant’s acceptance or current enrollment (in good standing).
3. **Two (2) letters of recommendation** from an adult who is not a family member of the applicant. Letters should discuss your academic abilities, character, volunteer services, community involvement, extracurricular activities, and career goals.
4. **Official transcript** from high school and/or college.
5. First two pages of the **previous year’s federal income tax form** (for parents or individual).

Applicant Signature: _____

Date: _____

Signature of Parent/Guardian if applicant is under the age of

18: Full name of Parent/Guardian:

Date:

All requested documents **MUST** be attached with this application; If not, your application will not be considered.

No application forms from previous years will be accepted.
APPLICATIONS MUST BE POSTMARKED by February 29, 2020.

Send completed applications and attachments to:

AR Governor’s Commission on People with Disabilities – Scholarship Committee
1 Commerce Way
Little Rock, AR 72202



**Arkansas Department of Career Education
 Division of Rehabilitation Services
 Arkansas Governor's Commission on People with Disabilities
 1 Commerce Way
 Little Rock, AR 72202
 Telephone: (501) 296-1637 V/TCDD
 Fax: 501-296-1883**



Scholarship Application Part II, Certification of Disability

This form is to be completed & signed by a Health Care Provider (Please Type or Print Legibly)

Please Check One: Physician: _____ Licensed Health Care Provider: _____

Applicant's Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Medical or Psychological diagnosis(s) of condition(s) causing the applicant's disability(s):

Is this condition permanent? Yes _____ No _____ If no, expected duration? ____/____/____

Life Activity Affected (Please check all that apply): Communication: _____ Learning: _____

Vision: _____ Hearing: _____ Mobility: _____ Other: (_____)

Overall Level of Severity/Significance (Please rate by checking):

Most Severe: _____ Severe: _____ Moderate: _____ Mild: _____

Accommodations and/or Assistive Aids: _____

Information contained within this application is considered personal and may be protected by both State and Federal laws and regulations. This information is to be treated with the highest degree of confidentiality and may only be exchanged if necessary.

I am knowledgeable of the applicant's medical and/or psychological condition(s) and based on my professional opinion, I certify that the above information is true and correct.

Name of Provider: _____ Telephone #: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Signature: _____ Date: _____

**Arkansas Governor's Commission on People with Disabilities
Consent Form**

Name: _____

Address: _____

Telephone: _____

E-mail: _____

If awarded a scholarship by the Arkansas Governor's Commission on People with Disabilities (AGCPD), I hereby provide my written consent to allow the AGCPD to use my photograph and/or information provided by me in my scholarship application file as a way to promote services provided to Arkansans with disabilities by this Commission.

I hereby authorize the Arkansas Governor's Commission on People with Disabilities and the educational institution at which I will attend to exchange information as required to secure and/or process the scholarship award.

Applicant's Signature

Date

Parent/Guardian's Signature (If under 18)

Date