The Burt Black Memorial Fund Scholarship
Financial Assistance for Students with Disabilities

Burt Black was a student at the University of Michigan majoring in Sports Management and Communication. He also attended Washtenaw Community College and was a 1997 Huron High School graduate. Despite significant physical and learning challenges throughout his life, Burt persevered, pursued his dreams and worked diligently toward his goals.

In 2004, a memorial fund was established to be awarded to WCC students with learning and/or physical disabilities. The fund will award scholarships to WCC students with disabilities who embody the qualities that Burt had shown. The awards will be used for tuition, books or other related educational expenses related to accommodations for disabilities.

Scholarship recipients will have a physical and/or learning disability attending or planning to attend WCC whose personal traits are consistent with the example Burt Black set. Priority will be given to applicants with both a physical and learning disability.

Recipients will be chosen on the basis of:
1) Personal traits of optimism, determination, courage and a zest for life;
2) Service to their community or school;
3) Involvement in extracurricular school life; and
4) Academic success – 2.0 average or better.

Please submit the following information to:
Disability Services (DS) – LA 104
4800 E. Huron River Drive, Ann Arbor, MI 48105

- Disability Services Scholarship Application
- A 150 word personal statement of your academic career goals and any special circumstances describing why you should receive a scholarship.
- Documentation of a disability. Please see this link: http://www.wccnet.edu/resources/learningassistance/learningsupport/disabilitysupportservices/verify_guide/
- Students who are currently receiving accommodations at WCC do not need to submit additional documentation.
- One letter of recommendation from an instructor, counselor, employer or professional.

The Application deadline for assistance with tuition/books:
- Fall: June 30
- Winter: October 20
- Spring/Summer: February 10

If these dates fall on Sunday, the deadline will be extended to Monday. Awards will be provided as applications are received, eligibility is determined, and funding is available. The scholarships are available for one academic year and are usually awarded in the Fall. If not awarded in the Fall, the additional deadlines apply.
## Disability Services (DS)
### SCHOLARSHIP APPLICATION

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<th>Information</th>
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<td>Address:</td>
<td>Street Number and Name</td>
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<td>County:</td>
<td>____________</td>
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<td>WCC Email Address:</td>
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**Are you a U.S. Citizen:** [ ] Yes [ ] No  
If non-U.S. Citizen: Visa Type: __________ Green Card? [ ] Yes [ ] No

**Have you ever received a Washtenaw Community College Foundation Scholarship Before?** [ ] Yes [ ] No  
If yes, how many times? __________

**Gender:** [ ] Male [ ] Female

**Ethnic Group (optional):** [ ] American Indian/Alaskan Native [ ] Black, Non-Hispanic [ ] White, Non-Hispanic [ ] Hispanic [ ] Asian/Pacific Islander [ ] Non-Resident Alien [ ] Other (describe) ____________________________

### EDUCATION

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<tr>
<th>Name and location of most recent high school and all colleges attended:</th>
<th>Major/Minor</th>
<th>Dates attended</th>
<th>Degree</th>
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**WCC Counselor’s Name:** ____________________________

**Program of Study:** ____________________________

**Number of credit hours you expect to take:**  
Fall _________ Winter _________

### FAMILY/COMMUNITY

**Are you living with your parent(s)?** [ ] Yes [ ] No  
If yes, list ages of other siblings within household ____________ Number of siblings in college ________

**Your Marital Status:** [ ] Single [ ] Married [ ] Divorced [ ] Widowed

**Your Dependent Children:**  
Number _______ Age(s) ____________________________

**Community:**  
List your in-school and out-of-school activities and honors: ____________________________

OVER
WORK HISTORY

Are you currently working? [ ] Yes [ ] No
If yes, list employer:
Job Title
Hours per week:
Starting Date

List previous employment:
Employer
Job Title
Dates Employed

FINANCIAL

Do your parents assist you with your expenses? [ ] Yes [ ] No
Do you receive tuition assistance from your employer or your parents’ employer? [ ] Yes [ ] No
Have you submitted the FAFSA application? [ ] Yes [ ] No Date Mailed
Please describe any special circumstances or special supplies needed which may affect your financial need. (2-3 sentences)

REQUIRED:
1) Disability Services (DS) Scholarship Application
2) A 150 word personal statement of your academic career goals and any special circumstances describing why you should receive a scholarship to DS.
3) Documentation of a disability. Please see WCC’s documentation requirements on the DS homepage (see link below.)
   www.wccnet.edu/resources/learningassistance/learningsupport/disabilitysupportservices/verify_guide/
   Students who are currently receiving accommodations at WCC do not need to submit additional documentation.
4) One letter of recommendation from an instructor, counselor, employer or professional.

Return completed applications to Disability Services (DS), LA 104.
Or mail to: Washtenaw Community
Disability Services, LA 104
4800 E. Huron River Dr., MI 48105-4800

The information I have submitted for this application is correct and complete to the best of my knowledge. I give permission for the Washtenaw Community College Foundation to release information to its Awards Committee or donors, so that I may be considered for scholarships and awards. If offered an award, WCC has my permission to use my name and non-confidential information such as my residence, high school and name of award in their promotion materials.

Student Signature: ____________________________ Date: ________________
The Burt Black Memorial Fund Scholarship
Financial Assistance for Students with Disabilities
Personal Statement

You may add additional pages or type your personal statement on a separate form.