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**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/](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

<b>Name:</b> _____	<b>Student ID:</b> @ _____	<b>Date</b> _____
<i>Last</i>	<i>First</i>	<i>Middle</i>
<b>Address:</b> _____		
<i>Street Number and Name</i>	<i>City</i>	<i>State</i>
<i>Zip</i>		
<b>County:</b> _____	<b>Phone:</b> ( _____ ) _____	<b>Date of Birth:</b> _____
		<i>Month/year</i>
<b>WCC Email Address:</b> _____		

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? \_\_\_\_\_

**Please check:** (This information is optional but may make you eligible for certain scholarships)

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

Name and location of <i>most recent</i> high school and <i>all</i> colleges attended:	Major/Minor	Dates attended	Degree
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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: \_\_\_\_\_

**WORK HISTORY**

Are you currently working? 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)

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**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/](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.
- 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:** \_\_\_\_\_

**FOR OFFICE USE:** Term/Date \_\_\_\_\_ Scholarship/Fund \_\_\_\_\_ Amt. \$ \_\_\_\_\_

Check/Voucher #: \_\_\_\_\_ Indicate the scholarship letter to be sent \_\_\_\_\_

Comments: \_\_\_\_\_



Disability Services (DS) - LA 104  
4800 East Huron River Drive  
Ann Arbor, Michigan 48105

Tel: (734) 973-3342  
Fax: (734) 477-8517  
www.wccnet.edu

**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.