

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 Learning Disabilities Association (LDA) Scholarship Financial Assistance for Students with Disabilities

This scholarship is available to students attending Washtenaw Community College with documented disabilities, with preference going to high school seniors who expect to graduate at the end of the current year. All candidates must live in the Washtenaw County school district, and have a minimum grade point average of 2.0. The maximum award is \$500.

Please submit the application and the following information to:

Disability Services (DS) – LA 104
4800 E. Huron River Drive, Ann Arbor, MI 48105
http://www.wccnet.edu/resources/learningssistance/learningsupport/

Submit the following to DS:

- Disability Services (DS) Scholarship Application
- A one page personal statement of your academic career goals and any special circumstances describing why you should receive a scholarship.
- Documentation of a disability. Please see WCC's documentation requirements on the DS homepage (see link below.)
 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.
- Two letters 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 scholarship is available for one academic year and is usually awarded in the Fall. If it is not awarded in the Fall, the additional deadlines apply.



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Disability Services (DS) SCHOLARSHIP APPLICATION

Name:		Date				
Last First Middle	e					
Address:						
Street Number and Name	City	State Zip				
County: Phone: () Date of Birth	n:				
		Month/year				
WCC Email Address:						
Are you a U.S. Citizen: [] Yes [] No If non-U.S. Citizen: Visa Type: 6	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 m	ake 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 If yes, list ages of other siblings within household	[] No Number of sib	lings 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 ho						

WORK HISTORY							
Are you currently working?	If yes, list employer: Hours per week:		Job Title Starting Date				
List previous employment:	Employer	Job Title	Dates Employed				
FINANCIAL							
Do your parents assist you	ı with your expenses?	[] Yes [] No					
Do you receive tuition ass	istance from your employer	or your parents' employer?	[] Yes				
Have you submitted the F	AFSA application? [] Ye	es [] No Date Mailed					
•			vour financial need. (2-3 sentences)				
ricase describe any special	circumstances of special supp	mes needed windi may affect y	our manda need. (2 3 sentences)				
-	_		_				
DECLURED.							
REQUIRED:	Sala ala salata A a alta atta a						
1) Disability Services (DS) S							
2) A 150 word personal sta receive a scholarship to	•	eer goals and any special circur	nstances describing why you should				
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 applicat	ions to Disability Services (DS), LA 104.					
Or mail to: Washtenaw Co Disability Servi 4800 E. Huron	•						
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:				
EOD OFFICE USE Town 12	cto Cobolembia /F		Amt Ć				
Check/Voucher #:	ate scholarship/Fund	_ Indicate the scholarship lette	Amt. \$ r to be sent				
Comments:							



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The Learning Disabilities Association Scholarship Financial Assistance for Students with Disabilities Personal Statement

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