

Disability Resource Center – Student Success – University at Albany

DISABLED STUDENT SCHOLARSHIP FUND APPLICATION

Please Type or Print Clearly.

Name: _____

Address: _____

Telephone:
Home _____ Work _____

I.D. # _____

University Status: (circle one) 01 02 03 04 Grad Gen. Studies

Amount Requested: _____

Reason for Request: _____

GPA _____

Please describe any extracurricular activities in which you are involved..

Please describe any community/civic activities in which you are involved.

Return Application to:
Disability Resource Center
Campus Center, Room 137

FOR OFFICE USE ONLY
Application Accepted *f* Denied *f* Date: _____
If application was denied please rate 1 - 5 for priority level: _____
1= Highest Priority 5= Lowest Priority

Amount Recommended _____